



HEALTHY ARIZONA 2010
PROGRAMMATIC UPDATE

2000 – 2004

December 2004

Arizona Department of Health Services
150 North 18th Ave
Phoenix, Arizona 85007



PROGRESS IN PHYSICAL ACTIVITY

2000

ADHS convened a multidisciplinary team of government, non-profits, businesses, schools and universities to address the risk factor of physical inactivity. They call themselves, *Active Arizona 2010*. The group set specific objectives and strategies for increasing physical activity in Arizona. (objectives listed below).

Objective #1: Increase the proportion of children who participate in cumulative intermittent physical activity for 60 minutes per day. (Note: Hope to see blocks of activity of at least 15 minutes.)

Objective #2: Increase the proportion of adolescents who engage in either moderate or vigorous physical activity. (Adolescents = ages 12-18, grades 7-12)

Objective #3: Increase the proportion of adults who engage regularly, preferably daily, in moderate or vigorous physical activity.

Objective #4: Reduce the proportion of adults who engage in no physical activity.

2001

Active Arizona 2010 focused on public information, getting the message out on what physical activity is, why it is important and that it is not hard to do.

ADHS conducted focus groups throughout the state to better understand physical activity related issues in Arizona. This information was then used to develop community specific programs and a statewide media marketing campaign.

2002

Active Arizona 2010 narrowed down the number of strategies that will be focused on by the committee. Following are the strategies that remain priorities for the group

Strategy 1 Improve/increase the physical activity opportunities in Arizona schools

1. Integrate physical activity into the school day by incorporating physical activity into the classroom and providing recess time.

Progress: The ADHS PLAY program continues to reach over 24,000 kids in grades 4-8 every year.

2. Increase the number of teachers, coaches, recreation and health care staff that value lifelong physical activity.

Strategy 2 Improve/increase the physical activity opportunities outside the academic school day.

1. Promote safe spaces and facilities for physical activity.

Progress: A subcommittee of Active Arizona 2010 is working to develop a plan to address this as well as other policies that will lead to easier access to physical activity.

2. Provide and promote more physical activity programs and/or intramural programs.

Progress: PLAY

Strategy 3 Increase community awareness of the importance of physical activity, available resources, and how to get involved in enjoyable lifelong physical activity.

1. Decrease inactive time at home and in the community by promoting family involvement.

Progress: A 6-month media campaign was implemented with funding from ADHS, St. Luke's Health Initiatives, and Arizona Parks as well as in-kind services of BELO Marketing Group.

2. Provide and promote use of a range of developmentally appropriate community sports and recreation programs that are attractive to all young persons and promote peer group activities.

Strategy 4 Improve/increase the physical activity opportunities that promote physical activity in the workplace.

1. Increase the number of worksites that have policies and practices that promote physical activity and/or provide facilities.

Strategy 5 Promote physical activity among adults by increasing public awareness via media.

1. Promote physical activity by working through health care providers.
2. Conduct formative research.

Progress: Eighteen focus groups were conducted around the state to determine people's attitudes toward and preferences for physical activity.

Strategy 6 Improve/increase the opportunities that promote physical activity in the community.

1. Identify and work to reduce/eliminate barriers to participation in physical activity.
2. Establish community coalitions that promote physical activity.

Progress: Every funded county program either has organized one or more physical activity coalitions or they participate in ongoing coalitions that address the promotion of physical activity. (More information on these coalitions is available.)

2003

Active Arizona adopted the Action for Healthy Kids goals for physical activity (goals listed below).

1. Provide supervised physical activity breaks for elementary school students.
2. Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

Progress: A work group is meeting to study and develop feasible policy changes that can be advocated for in order to reach these goals.

**2004 Progress Update for
Active Arizona for Life:
Meeting the Goals of Healthy Arizona 2010**

Due to a vacancy in the Physical Activity Program Manager position, the Active Arizona group did not follow its regular meeting schedule last year. Once the position was filled, it was decided to host the first meeting on July 22nd, 2004, approximately one year after the group last met. Representatives from the following organizations/groups attended the meeting: American Cancer Society; Maricopa Association of Governments; Arizona Department of Health Services; National Park Service; Maricopa Department of Public Health; Yavapai County Community Health Services; Coconino County Health Department; Gila County Health Department; Mohave County Department of Public Health; Pima County Health Department; Scottsdale Healthcare; Pinal County Public Health; The Center for Kids First; Arizona State University Department of Exercise and Wellness; Maricopa Community Colleges District; City of Phoenix Parks and Recreation; Arizona Department of Education; Arizona's Governor's Council on Health, Physical Fitness and Sports; and the American Heart Association.

There was an overwhelming consensus from the various groups represented that:

- There are too many voices speaking about physical activity in the public eye, i.e., we need one voice for the State of Arizona.
- There are too many meetings/silo's created around the efforts to increase physical activity in Arizona (e.g., Action for Healthy Kids, Obesity Prevention Program and Active Arizona to name a few).
- We need to be more focused in our efforts by actively working towards our goals.
- We need to review the Healthy Arizona 2010 strategies that we decided to focus on in 2002 to see if we want to continue to focus on those strategies or change our focus to better integrate the physical activity efforts in the community.

The group decided that in order to reach a point where we can address all of these concerns, we needed to re-structure the group and undergo some strategic planning.

The first progress we made in this area was to have co-chairs for the Active Arizona group. Emily Augustine, Physical Activity Coordinator for the ADHS Obesity Prevention Program is now joining Christine Eley, Physical Activity Program Manager for the ADHS Preventive Health and Health Services Block Grant as a co-chair. We felt it was best, as it will allow the cause to integrate program goals of all physical activity efforts. In addition, the Arizona Governor's Council on Health, Physical Fitness and Sports will become more integrated with the Active Arizona group by requiring that all Council Action Committee members actively attend and work on Active Arizona goals.

The second step we made in towards re-structuring was to create a Steering Team to help define the Active Arizona structure, roles and responsibilities of members, and how we will proceed with the group. The following organizations are represented on our 13-person Steering Team: Arizona Department of Health Services; Arizona Governor's Council on Health, Physical Fitness and Sports; Maricopa Community College District; Arizona State University Department of Exercise and Wellness; American Heart Association; Gila County Health Department; City of Phoenix Parks and Recreation; Arizona Department of Education; National Parks Service; and the American Cancer Society.

The Steering Team convened for the first time on November 2nd, 2004. At that time we agreed upon roles and responsibilities for Steering Team members and we drafted Vision and Mission statements for the group.

VISION DRAFT: To have healthy, physically active residents of Arizona.

MISSION DRAFT: To promote physical activity in a variety of interventions and programs such as healthy lifestyles, recreation, exercise and active transportation in order to reduce the risk of chronic disease and preventable death attributed to physical inactivity.

We also reviewed the goals, objectives, and strategies for the various groups in the State focusing on physical activity: Action for Healthy Kids, Active Arizona, Governor's Council and Obesity Prevention Program. We decided on a plan for how to better work with Action for Healthy Kids without so much redundancy in attending meetings.

The Steering Team will meet again on November 29th, 2004, to review our drafts of the Vision and Mission statements, to decide on which Healthy Arizona Physical Activity 2010 strategies we should focus, create subcommittee focus areas and set a meeting date for the general member group sometime in January of 2005.



PROGRESS IN NUTRITION

Eight objectives in *Healthy Arizona 2010* address critical areas that represent the most significant nutrition-related concerns in Arizona. These objectives include: healthy weight, fruit and vegetable intake, calcium, folate, breastfeeding, iron deficiency anemia, food security and food safety.

Over the past three years, these objectives have been used to align programs within the Arizona Department of Health Services and have provided the foundation for successful requests for new or expanded funding from the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and the U.S. Department of Agriculture.

In addition, the Department's Office of Nutrition and Chronic Disease Prevention Services has incorporated Healthy Arizona 2010 Objectives from other Focus Areas into program efforts. Examples include physical activity, tobacco cessation, and oral health.

Arizona was selected as one of four state health departments to receive multi-year funding from the U.S. Department of Health and Human Services as part of the *Steps to a HealthierUS* program, which aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, overweight, obesity and asthma and addressing three related risk factors - physical inactivity, poor nutrition and tobacco use. The Arizona project, *Steps Along the Border Initiative*, will address these risk factors in Yuma, Santa Cruz, and Cochise counties through evidence-based interventions that will serve as models for other counties in the state.

Overweight and obesity among adults and children continue to be of concern in Arizona. The Behavioral Risk Factor Surveillance Survey (BRFSS) indicates, that among adults in Arizona, the prevalence of overweight and obese individuals increased from 49.3% in 1998 to 56.2% in 2002. The Centers for Disease Control Pediatric Nutrition Surveillance System (PedNSS) shows an increase in prevalence of overweight among WIC clients in Arizona between 1997 and 2001:

	<u>1997</u>	<u>2001</u>
Arizona WIC Program	9.0%	11.9%
InterTribal Council of Arizona, Inc.	15.8%	21.4%
Navajo Nation	NA	13.3%

Significant accomplishments that will promote progress towards achieving the Healthy Arizona 2010 nutrition-related objectives include:

- Funding was received from the Centers for Disease Control and Prevention to develop a comprehensive nutrition and physical activity plan.
- The National Governors Association selected Arizona to participate in a policy academy on chronic disease prevention and management. The Arizona delegation included representatives from the Governor's Office, State Legislature, Community members, the

Department of Health Services, and the Arizona Health Care Cost Containment System. Childhood obesity and employee wellness are two of the issues to be addressed through this initiative.

- Extensive social marketing efforts and community education efforts were conducted in the areas of fruit and vegetable intake, physical activity, calcium consumption, breastfeeding, and folic acid consumption.
- Through the Arizona Nutrition Leadership Academy, a number of projects that address Healthy Arizona 2010 focus areas are being conducted. A project addressing integration of nutrition programs includes the development of nutrition standards for all age groups that incorporate the Healthy Arizona 2010 nutrition-related objectives. Another project includes the development of tools for community-based programs to assess progress towards the objectives.
- The Arizona Nutrition Status Report 2002 was published providing state and local nutrition-related data on Healthy People 2010 objectives including 10-year trend data and county-specific information on many factors such as weight status, fruit and vegetable intake, and anemia. This was the first compilation of Arizona nutrition-related data published since 1969.
- A “Healthy Lifestyles” television show was launched that promotes positive behavior change in diet and activity patterns.
- Three new websites for consumers and community partners were developed providing information on behaviors related to Healthy Arizona 2010 objectives (www.eatwellbewell.org, www.getfolic.org, www.gobreastmilk.org).

Nutrition Focus Area

Objective #1: Reduce iron deficiency anemia among infants, young children and females of childbearing age.

Progress:

- *The Centers for Disease Control Pediatric Surveillance System shows a decline in prevalence of anemia among WIC clients in Arizona between 1997 and 2001:*

	<u>1997</u>	<u>2001</u>
Arizona WIC Program	36.3%	19.6%
InterTribal Council of Arizona, Inc.	23.7%	11.8%
Navajo Nation	NA	6.2%
- *The Arizona WIC program is developing a standardized nutrition care plan for anemia to be used by local agencies.*
- *A pilot study was completed to test new technology (StatSite M Hemoglobin meter vs. HemoCue Hemoglobin meter) with the decision to remain with HemoCue meter.*

- *Pilot testing of HemoCue safety lancets is being conducted as a first step in standardizing lancets used across the state.*
- *Training in bloodwork collection techniques was conducted by HemoCue staff and the Arizona WIC program to local WIC Agencies.*
- *A clinical study is being conducted at Phoenix Children's Hospital to evaluate three methodologies for hemoglobin analysis (HemoCue, StatSite M, Coulter automated analyzer).*
- *A medical advisory committee was developed for the Arizona WIC program to provide expert technical assistance for policy development on anemia and other nutrition-related concerns.*

Objective #2: Increase the proportion of persons aged two years and older who consume at least two daily servings of fruit and at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables.

Progress:

- *The Arizona Farmers' Market Nutrition Program was launched as a collaborative effort between the Arizona Department of Health Services, InterTribal Council of Arizona, Inc., and the Association of Arizona Food Banks. The program promotes increased fruit and vegetable intake for women and children participating in the Special Supplemental Food Program for Women, Infants and Children (WIC) and senior clients in the Commodity Supplemental Food Program (CSFP) or in selected tribal senior nutrition programs. More than \$150,000 in locally grown fruits and vegetables were provided to low-income individuals in the past year.*
- *The Community Nutrition Program continues to provide 5 a Day classes for more than 7,000 low-income third grade students in Arizona each year. Pre- and post-tests show that the students have significant improvement in knowledge and behavior.*
- *A new theme, 5 a Day – The Color Way, has been incorporated into Arizona Nutrition Network social marketing efforts. A new website (eatwellbewell.org) for consumers and Network partners features a television ad in English and in Spanish, consumer education materials, and program resources such as a community tool kit.*

Objective #3: Increase food security among Arizona households, and in doing so, reduce hunger.

Progress:

- *More than 130,000 WIC clients and 16,000 Commodity Supplemental Food Program clients receive supplemental foods each month in Arizona.*
- *Food Stamp Outreach information was provided in food boxes for 20,000 Commodity Supplemental Food Program participants.*
- *A food security survey conducted in FY03 included more than 500 low-income individuals.*

- *The Arizona WIC Program and the Arizona Nutrition Network are actively collaborating with the Arizona Department of Economic Security to enhance food stamp outreach efforts in target populations.*

Objective #4: Increase the proportion of children, adolescents and adults who are at a healthy weight.

Progress:

- *The Governor's Call for Action: Healthy Weight for Children and Their Families will be held in January 2004. This forum is being conducted by the Arizona National Governors Association chronic disease prevention delegation. Planning for the Arizona comprehensive nutrition and physical activity plan will be initiated during the forum.*
- *The Arizona Nutrition Network Partners have chosen three key primary prevention nutrition messages for the social marketing and community education activities. These messages include: Eating 5 or more servings of fruits and vegetables each day, drinking milk that is 1% fat or less, being physically active, at least 60 minutes for children and 30 minutes for adults on most days of the week. Arizona Nutrition Network partners indicate that long-term efforts to promote behavior change are needed to improve dietary and physical activity patterns in Arizona. These three behaviors are essential to slowing the increase in overweight seen among children and adults in Arizona.*
- *Action for Healthy Kids, a state and nation-based collaborative effort, has been formed to address issues of overweight in children. Key areas for intervention include: school nutrition policy, nutrition and physical education curriculum, and physical activity opportunities in schools and communities.*
- *The Arizona WIC program is developing a standardized nutrition care plan for achieving and maintaining healthy weight for use by local agencies.*

Objective #5: Increase the proportion of persons aged two years and older who meet dietary recommendations for calcium.

Progress:

- *The Arizona Nutrition Network implemented social marketing and community education efforts to promote the consumption of milk that is 1% fat or less in the summers of 2002 and 2003.*
- *More than 2,700 low-income 5th and 6th grade students participated in the Building Better Bones program. This interactive, three-session, curriculum teaches students to consume a healthy diet high in calcium and engage in regular weight bearing physical activity to prevent osteoporosis.*

- *The Arizona Nutrition Network evaluation survey will include data on calcium consumption among 500 low-income individuals.*



PROGRESS IN TOBACCO USE

Objective #1 Reduce tobacco use by youth in 6th-8th grades.

Strategy 1.1 Build and maintain Arizona Department of Health Services' (ADHS) capacity to effectively and efficiently administer a statewide tobacco control program (i.e. TEPP).

Progress:

- *The ADHS Tobacco Education and Prevention Program (TEPP) continues to provide services to the residents of Arizona as a result of passage of Proposition 200 in November 1994, which increased the state cigarette excise tax from \$.18 to \$.58. Community-based programs, including school-based prevention and a mass media campaign are utilized to provide education messages to the youth in Arizona.*
- *The formation of the Evaluation Unit in late Spring 2002 to provide appropriate evidence-based results on program activities.*
- *In November 2002, the passage of Proposition 303 increased the excise tax on cigarettes and other tobacco products. It also included language to voter protect the Tobacco Education and Prevention Program from any potential funding cuts.*

Strategy 1.2 Develop and support community-based tobacco control programs which provide comprehensive services (i.e. Local Projects).

Progress:

- *The Tobacco Education and Prevention Program continues to provide funding to fifteen county health departments, three Native American Health Centers, and seven tribes (through a contract with the InterTribal Council of Arizona). Each Local Project provides prevention, cessation and second-hand-smoke services to its community.*
- *County Local Projects have been offering both brief and intensive prevention interventions to youth in schools. In 2001-2002, TEPP researched various prevention curricula and is moving towards a comprehensive health approach by using the Project Alert Curricula for middle school youth.*
- *In August 2001, TEPP partnered with the Office of the Attorney General to perform compliance checks in 5 counties including Maricopa and Pima. In concert with this, TEPP's media contractor developed a retailer rewards program called CounterActs which began its pilot in Maricopa County January 2003. The CounterActs program provides merchant education on tobacco laws and fines. It also offers rewards in the form of tickets to various events within the Metro area to clerks that do not sell to minors.*
- *TEPP contracted with the Arizona Interscholastic Association to provide a healthy lifestyle message to youth involved in sports. Initially the contract began with the Little League, but it*

has since evolved to include other sports such as basketball, and will include football in 2003-2004.

Strategy 1.3 Establish a statewide tobacco control clearinghouse which can provide information, referrals, educational materials, technical assistance, and training (i.e. ATIN).

Progress:

- *The statewide clearinghouse can no longer be maintained as a result of funding changes. Educational materials have been forwarded to community-based Local Projects as well as the Arizona Smokers' Helpline to be disseminated at community public events. The training and technical assistance component has moved to the University of Arizona in the formation of the HealthCare Partnership Continuing Education and Training Unit. Tobacco control staff as well as healthcare providers can attend cessation certification training and/or CME/CEU accredited training.*

Strategy 1.4 Establish a statewide mass media campaign which promotes comprehensive tobacco control using television, radio, print, outdoor advertising, and other appropriate media.

Progress:

- *Media messages sent out via radio, television and billboard include TEPP's Secondhand Smoke Campaign in 2000-2001, Inhale Life – a sports oriented healthy lifestyle message, and CounterActs – a retailer education campaign on not selling tobacco to minors.*
- *ADHS and TEPP held two Healthy Kids Arizona events in 2002. The free health fairs started in the fall of 2002 in response to the realization that every day, children and families in underserved communities in Arizona face health concerns that are going untreated and overlooked. The approach taken by TEPP is that dealing with parent's issues with youth and their health, leaves an open door to discuss tobacco issues with them.*
- *Other media events include the Rattler's Youth Summit, Dia de los Ninos, Phoenix Suns Benchwarmer Programs with the Phoenix Suns, Phoenix Coyotes, and Arizona Rattler, Arizona Diamondbacks' Little Announcer, Phoenix Mercury "It's a Girl Thing", Arizona Cardinals Flag Football Clinics, Healthy Kids Fitness Training.*
- *In the fall of 2002 TEPP's media contractor presented the concept of a cartoon series to reach youth about tobacco. Gearheadz addresses addiction through the lives of a group of teens. It will target 3rd-6th graders, and is in the early phase of development.*

Objective #2 Reduce tobacco use by adolescents in 9th-12th grades.

Strategy 2.1 Build and maintain Arizona Department of Health Services' (ADHS) capacity to effectively and efficiently administer a statewide tobacco control program (i.e. TEPP).

Progress:

- *The ADHS Tobacco Education and Prevention Program (TEPP) continues to provide services to the residents of Arizona as a result of passage of Proposition 200 in November 1994, which increased the state cigarette excise tax from \$.18 to \$.58. Community-based programs, a statewide smoker's helpline, and a mass media campaign are utilized to provide education messages to the youth in Arizona.*
- *The formation of the Evaluation Unit in late Spring 2002 to provide appropriate evidence-based results on program activities.*
- *In November 2002, the passage of Proposition 303 increased the excise tax on cigarettes and other tobacco. It also included language to voter protect the Tobacco Education and Prevention Program from any potential funding cuts.*

Strategy 2.2 Develop and support community-based tobacco control programs which provide comprehensive services (i.e. Local Projects).

Progress:

- *The Tobacco Education and Prevention Program continues to provide funding to fifteen county health departments, three Native American Health Centers, and seven tribes (through a contract with the InterTribal Council of Arizona). Each Local Project provides prevention, cessation and second-hand-smoke services to its community.*
- *In August 2001 TEPP partnered with the Office of the Attorney General to perform compliance checks in 5 counties including Maricopa and Pima. In concert with this TEPP's media contractor developed a retailer rewards program called CounterActs which began its pilot in Maricopa County January 2003. The CounterActs program provides merchant education on tobacco laws and fines. It also offers rewards in the form of tickets to various events within the Metro area to clerks that do not sell to minors.*
- *TEPP contracted with the Arizona Interscholastic Association to provide a healthy lifestyle message to youth involved in sports. Initially the contract began with the Little League, but it has since evolved to include other sports such as basketball, and will include football in 2003-2004.*

Strategy 2.3 Establish a statewide tobacco control clearinghouse which can provide information, referrals, educational materials, technical assistance, and training (i.e. ATIN).

Progress:

- *The statewide clearinghouse can no longer be maintained as a result of funding changes. Educational materials have been forwarded to community-based Local Projects as well as the Arizona Smokers' Helpline to be disseminated at community public events. The training and technical assistance component has moved to the University of Arizona in the formation of the HealthCare Partnership Continuing Education and Training Unit. Tobacco control staff as well as healthcare providers can attend cessation certification training and/or CME/CEU accredited training.*

Strategy 2.4 Establish a statewide toll-free telephone help line for information, materials, referrals, and assistance with tobacco dependence (i.e. ATIN, ASHline).

Progress:

- *TEPP has been exploring creative ways to recruit tobacco users into cessation classes. Online counseling is now available for those who do not wish to attend classes, or cannot attend classes due to some sort of a conflict. Also, a piloted program called Proactive Referral has been introduced in Mohave County with exciting results. Since then, the proactive referral process has expanded statewide. When an individual goes to see their primary health care physician, he/she is asked about tobacco use. If they use tobacco, the physician asks the person if someone can contact them to get them into a cessation class.*
- *TEPP successfully contracted with US Script, a pharmacy benefit management company to offer patches, gum, lozenges and prescription Zyban to those clients attending cessation classes. The contract provides 6 weeks of patches at a 50% discount, and 8 weeks of Zyban at a 50% discount with a physician's approval. Research shows that people who try to quit with the assistance of the patch or some other additional treatment have a better chance of staying "quit".*

Strategy 2.5 Establish a statewide mass media campaign which promotes comprehensive tobacco control using television, radio, print, outdoor, and other appropriate media.

Progress:

- *Media messages sent out via radio, television and billboard include TEPP's Secondhand Smoke Campaign in 2000-2001, Inhale Life – a sports oriented healthy lifestyle message, and CounterActs – a retailer education campaign on not selling tobacco to minors.*
- *ADHS and TEPP held two Healthy Kids Arizona events in 2002. The free health fairs started in the fall of 2002 in response to the realization that everyday children and families in underserved communities in Arizona face health concerns that are going untreated and overlooked. It is the belief of TEPP that if we deal with parent's issues with youth and their health, we have an open door to discuss other tobacco issues with them.*
- *Other media events include the Rattler's Youth Summit, Dia de los Ninos, Phoenix Suns Benchwarmer Programs with the Phoenix Suns, Phoenix Coyotes, and Arizona Rattler, Arizona Diamondbacks' Little Announcer, Phoenix Mercury "It's a Girl Thing", Arizona Cardinals Flag Football Clinics, Healthy Kids Fitness Training.*
- *In the fall of 2002 TEPP's media contractor presented the concept of a cartoon series to reach youth about tobacco. Gearheadz addresses addiction through the lives of a group of teens. It will target 3rd-6th graders, and is currently in development.*

Objective #3 Reduce tobacco use by adults.

Strategy 3.1 Build and maintain Arizona Department of Health Services' (ADHS) capacity to effectively and efficiently administer a statewide tobacco control program (i.e. TEPP).

Progress:

- *The ADHS Tobacco Education and Prevention Program (TEPP) continues to provide services to the residents of Arizona as a result of passage of Proposition 200 in November 1994, which increased the state cigarette excise tax from \$.18 to \$.58. Community-based programs, a statewide smoker's helpline, and a mass media campaign are utilized to provide education messages to the youth and adults in Arizona.*
- *The formation of the Evaluation Unit in late Spring 2002 to provide appropriate evidence-based results on program activities.*
- *In November 2002, the passage of Proposition 303 increased the excise tax on cigarettes and other tobacco. It also included language to voter protect the Tobacco Education and Prevention Program from any potential funding cuts.*

Strategy 3.2 Develop and support community-based tobacco control programs which provide comprehensive services (i.e. Local Projects).

Progress:

- *The Tobacco Education and Prevention Program continues to provide funding to fifteen county health departments, three Native American Health Centers, and seven tribes (through a contract with the InterTribal Council of Arizona). Each Local Project provides prevention, cessation and second-hand-smoke services to its community.*
- *Healthy Kids Arizona is a free health fair that was started in the fall of 2002 by ADHS in response to the realization that everyday children and families in underserved communities in Arizona face health concerns that are going untreated and overlooked. It is the belief of TEPP that if we deal with parent's issues with youth and their health, we have an open door to discuss other tobacco issues with them.*
- *Many county Local Projects have been working with their local worksites to educate them on the need for smokefree worksites. In addition, TEPP contracted with the American Cancer Society in 2002 to assist the LP's by developing a "wellness" packet presented to the worksites by ACS. During the distribution of these packets, Local Project coordinators join the ACS staff by presenting information on the dangers of tobacco use and cessation classes offered in the area.*

Strategy 3.3 Establish a statewide tobacco control clearinghouse which can provide information, referrals, educational materials, technical assistance, and training (i.e. ATIN).

Progress:

- *The statewide clearinghouse is no longer being maintained as a result of funding changes. Educational materials have been forwarded to community-based Local Projects as well as the Arizona Smokers' Helpline to be disseminated at community public events. The training and technical assistance component has moved to the University of Arizona in the formation of the HealthCare Partnership Continuing Education and Training Unit. Tobacco control staff as well*

as healthcare providers can attend cessation certification training and/or CME/CEU accredited training.

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- *TEPP successfully contracted with US Script, a pharmacy benefit management company to offer patches, gum, lozenges and prescription Zyban to those clients attending cessation classes. The contract provides 6 weeks of patches at a 50% discount, and 8 weeks of Zyban at a 50% discount with a physician's approval. Research shows that people who try to quit with the assistance of the patch or some other additional treatment have a better chance of staying quit.*

Strategy 3.5 Establish a statewide mass media campaign which promotes comprehensive tobacco control using television, radio, print, outdoor, and other appropriate media.

Progress:

- *Media messages sent out via radio, television and billboard include TEPP's Secondhand Smoke Campaign in 2000-2001, Inhale Life – a sports oriented healthy lifestyle message, and CounterActs – a retailer education campaign on not selling tobacco to minors. A mini-cessation campaign through radio and Post-it notes on the Arizona Republic newspaper also provided information on the Arizona Smokers' Helpline.*
- *Other media events touched our ethnic/cultural communities – Hispanic Women's Conference, Black Expo, ASU Pow Wow, Native American Recognition Days, and the Asian Community Health Fair. TEPP also participated with the American Cancer Society's Great American Smokeout, Martin Luther King celebrations, the Senior Olympics, Billy Boat in the Indy 200 at the Phoenix International Raceway (PIR), and in 2003 a GLBT event.*



PROGRESS IN SUBSTANCE ABUSE

Objective #1: Increase community knowledge and understanding of substance abuse through collaboration with public and private agencies/businesses.

Progress:

- *National Drug and Alcohol Recovery Month* was celebrated at Heritage Square, September 24th. Thirty-four agencies distributed information from booths at the event. Speakers included Representative Ben Miranda, former Cardinal Luis Sharpe and SAMHSA representative Ivette Torres. Entertainment was provided by Herrera School for the Fine Arts and Si Se Puede Folklorico Group.
- ADHS hosted the 4th annual *Summer Substance Abuse Institute* in Sedona, July 23rd-25th, as an opportunity for professional development for substance abuse professionals and state agency partners from across the state.
- The University of Arizona team participants were interested in using the 2002 Arizona Youth Survey data results, for their grant application for their Brief Alcohol Screening Intervention for College Students assessment and feedback program.
- Arizona Department of Health Services, Division of Behavioral Health Service continues to disseminate information on research-based strategies within provider agencies and across systems, including regional trainings.

Objective #2 Increase the percentage of Junior High/Middle School students who abstain from substance use.

- The results of the 2002 Arizona Youth Survey were received and the findings posted on the ADHS website. CPSA agencies are doing some inhalant work, based on the results of the youth use survey results.
- The Department of Economic Security and Department of Health Services have continued their partnership, Families F.I.R.S.T., to provide for expedited substance abuse treatment to parents involved in Child Protective Services and their families.

Objective #3 Reduce the percentage of alcohol-related traffic fatalities

- The team representative from the University of Arizona is participating on the Southern Arizona DUI Task Force, which is actively pushing for a new law against anyone under 21 having spirituous liquor in their body. They are developing a brochure, funded by the Department of Highway Safety and have been approached by a border group and the Tohono O'odhom Nation about distributing the brochure.
- The Blood Alcohol Concentration legal limit was reduced by statute to .08 in the 2000 legislative session.

The Healthy Arizona 2010 team members are integrating substance abuse goals and objectives into their ongoing work, while serving as a tool for connection, collaboration and promotion in the meeting of those goals.

In 2004, leadership of the substance abuse and mental health teams decided to combine efforts in view of the overlap of issues. Below is a reframing of the goals of both these teams with a status update.

Substance Abuse

Objective #1 Reduce mortality related to alcohol use.

Strategy 1.1

Continue ADHS involvement in collaborative planning, funding, and system coordination through Governors Strategic Plan for Substance Abuse and the Governors Drug and Gang Policy Council.

- *DBHS is working with the AZ Drug and Gang Policy Council to establish a set of uniform guidelines for evidence based treatment and prevention along with development of an instrument to track program utilization of such practices.*
- *The ADHS director is participating on the legislative study committee on Regional Alcohol Detox Centers.*

Strategy 1.2

Reduce entry barriers to improve rapid access to treatment and targeted outreach to vulnerable AOD (Alcohol & other drugs) populations (disabled, ethnic minorities, persons at risk of HIV, women w/ children).

- *DBHS in collaboration with the University of Arizona is working with the Navajo and Hopi tribes to provide technical assistance and training around substance abuse prevention and treatment.*
- *Community Bridges, a non-profit in Mesa opened a new facility for substance abusing women who are pregnant or parenting.*
- *Due to a new DBHS initiative, numerous substance abuse providers throughout the state have started peer support programs where persons who are in recovery from substance abuse provide support to persons receiving treatment for substance abuse.*
- *The Governor's Division for Drug Policy in collaboration with DBHS received a State Incentive Grant to improve services to persons with co-occurring substance abuse and mental health problems.*

Objective #2 Reduce mortality related to drug abuse.

Strategy 1.3

Continue ADHS involvement in Substance Abuse Consortia to improve and promote evidence - based AOD treatment and effective treatment systems.

- *The name changed to Practice Improvement Collaborative about 2 years ago. DBHS is still on the Exec Board and various other DBHS staff members participate in the committees (Summer Institute Planning, etc.).*

Objective # 3 Increase the percentage of Junior High / Middle school students who abstain from substance use.

Strategy 3.1

Engage communities, community members, stakeholders, and interested parties on youth-related substance abuse issues.

- *The EXCEL group and Luz Social Services have become involved in a multi-state, international coalition to address substance abuse prevention issues along the Arizona Mexico border.*

Strategy 3.2

Support an enhanced resource base for behavioral health prevention programs.

- *The Governor's Division of Drug Policy received a state incentive grant for substance abuse prevention, which includes funds for statewide needs assessment of risk and protective factors.*

Strategy 3.3 Secure adequate funds to support continued ADHS Needs Assessment so resources and programs can be matched to geographic areas and populations based on need.

Strategy 3.4

Promote the use of comprehensive research-based strategies, which address multiple life domains. Advocate for social policies, which support healthy children, families, and communities.

- *Revising the Prevention Framework for Behavioral Health to incorporate 2010 related issues.*

Objective #4 Reduce the percentage of alcohol related traffic fatalities.

Strategy 4.1

Launch a public / private initiative in partnership with Mothers Against Drunk Drivers

- *(MADD), and Arizona Department of Health Services (ADHS) / Emergency Medical Services (EMS) to improve public awareness and identification of impaired drivers. The initiative will include local police departments in 5 metropolitan areas statewide. The target populations will be: 1) Underage drinkers, 2) Chronic re-offenders, 3) Impaired Drivers.*
- *Reducing youth access to alcohol will be incorporated into the State Incentive Grant for substance abuse prevention administered by the GDDP.*

Strategy 4.2

Support the reduction of Blood Alcohol Concentration (BAC) legal limits to .08 in Arizona.

- *0.08 BAC became law in Arizona as well as establishment of assertive DUI*

Mental Health

Objective #1

Increase community knowledge and understanding of depression through collaboration with public and private agencies/businesses.

Strategy 1.1

Launch a communications campaign at the community level to increase understanding of depression and reduce its stigma.

- *DBHS and numerous other organizations participated in National Depression Screening Day*
- *DBHS and several prevention providers distributed information through a variety of media on suicide and depression during National Suicide Awareness week.*
- *DBHS wrote development of social marketing campaigns around suicide awareness and stigma into its current strategic plan. Funds have been set aside to hire a marketing consultant to provide training and technical assistance in development of the campaign. A workgroup has been established to work on this project and has met twice.*

Objective #2

Decrease the number of completed suicides for teens and older adults.

Strategy 2.1

Implement statewide replication of the O.P.T.I.O.N.S. (Offering Parents and Teens Information On Needless Suicide) program and other educational programs that address teen depression and suicide.

- *The 2004 increase in Substance Abuse Prevention and Treatment block grant increase was applied to 10 new suicide prevention projects across the state targeting groups at high risk for completed suicide – aging, Native American, and GLBT.*
- *DBHS established a coalition of tribes to look at the issues of suicide and substance abuse among Native Americans.*

Strategy 2.2

Promote community prevention programs (such as the Gatekeeper model) that address the mental health needs of older adults.

- Objective #3
Increase the number of individuals in AZ that are screened for depression and referred for treatment if needed.

Strategy 3.1

Educate and train Primary Care Physicians on the signs and symptoms of depression.

- *The Arizona Medical Association is developing a screening tool for physicians to use with adolescents. This tool includes depression screening. DBHS has met with the Arizona Medical Association twice to discuss better collaboration between behavioral health and primary care providers as well as the screening tool.*

Strategy 3.2

Strengthen linkages between the behavioral health and public health communities.,

- *DBHS has continued its longstanding involvement in the suicide coalition and behavioral health and aging coalition.*

Strategy 3.3

Create cross-disciplinary collaborations, e.g. use of depression screens at local health fairs.,

Strategy 3.4

Increase support for identifying and responding to depression in the workplace.

Objective #4

Increase access to services for persons with depressive disorders.

Strategy 4.1

Develop and strengthen collaborative relationships among employers, health benefit payers, government and the public, to move toward increased mental health coverage.

- *The Mental Health Association launched its second legislative drive to enact session law establishing parity for MH/SA benefits for public and private employees.*

Strategy 4.2

Educate employees about availability of existing mental health benefits.

Strategy 4.3

Promote policy changes to implement mental health insurance parity.



PROGRESS IN RESPONSIBLE SEXUAL BEHAVIOR

Objective #1 Increase the proportion of adolescents who abstain from sexual intercourse.

- *A mini-grant was given to Arizona Coalition on Teen Pregnancy and Parenting to bring together stakeholders with differing views of solutions to teen pregnancy to enhance collaboration among abstinence-only and abstinence-based groups.*
- *Services were provided in 477 schools in thirteen counties, 122 juvenile centers, 56 community based and after school settings over the three year period. Teen Mazes around the state have included abstinence as a track.*
- *Three youth drama groups have been developed in the state to address abstinence only education. Peer groups have been developed in Pima, Pinal and Gila Counties. In Central Phoenix there were AC Green Clubs established in effective for the three years.*
- *Trainings have been provided to teachers and health educators in two abstinence education curricula. They were WAIT and Game Plan. In addition, quarterly trainings have been provided to abstinence educators covering topics such as parent recruitment, drug use and abuse, sexual assault, child abuse reporting, gangs, and evaluation methods and analysis.*

Objective #2 Increase the proportion of adolescents who use condoms if currently sexually active.

- *Planned Parenthood of Southern Arizona developed and implemented a program called Protection Connection. The program included a teen driven bilingual media campaign, teen-to-teen workshops and outreach to increase communication and negotiation skills and easily accessible condom machines. Twenty five machines were installed in the metro Tucson area. A survey in showed an increase in condom use from 42% in 1998 to 57% in 2000.*

Objective #3 Reduce pregnancies among adolescents 15-17 years old.

- *The rate of teen pregnancies has dropped from 48.1 per 1000 females 15-17 years old in 2000 to 42.2 in 2003.*
- *A national award winning media campaign that encourages abstinence was in place for 2000-2002. The campaign included television spots, radio spots, billboards, bus benches, web site, and printed materials.*
- *In 2001 AHCCCS eligibility dropped to 100% of poverty allowing broader access to services such as reproductive health services.*
- *In 2002 a contraceptive equity bill was signed into law requiring those insurance companies who pay for other prescriptions to cover birth control prescriptions.*

- *Three youth drama groups have been developed in the state to address abstinence only education. Peer groups have been developed in Pima, Pinal and Gila Counties. In Central Phoenix there were AC Green Clubs established in effective for the three years.*

Objective #4 Reduce sexually transmitted diseases

- *The Title V and Title XX family planning clinics, Maricopa and Pima county Juvenile Detention Centers and Estrella jail all are participating in the infertility project which screens and treats women below age 25 for chlamydia. Funding for this program has increased.*
- *In 2002 urine-based testing technology began allowing for screening of chlamydia during pregnancy test only visits.*
- *Legislation was introduced in 2001 and 2002 that would require schools that provide sexuality education to provide information on sexually transmitted diseases. The bill did not pass either year.*
- *The state received syphilis elimination funding due to the high morbidity of the disease in Maricopa County. A forty-foot mobile unit was purchased that provides 2 outreach clinics a week. Funds are also used to support outreach services at two community-based organizations, Concilio De Salud and Ebony House.*
- *The FDA has approved a new test for HIV, Oraquick, in 2003 that provides results to the client in 20 minutes. This is a substantial improvement on the current two week waiting period. ADHS and Maricopa County were instrumental in this technology, and participated in the clinical trials for FDA approval. ADHS is currently in the process of disseminating this testing technology around the state.*
- *During the last three years two additional tribes have been added to the HIV counseling and testing facilities. ADHS has worked closely with a Native American community based organization in Phoenix providing HIV services, as well as with other tribal entities to provide technical assistance in HIV areas.*

Objective #5 Implement the Youth Risk Behavior Survey (YRBS) and the relevant modules of the Behavior Risk Factor Surveillance Systems (BRFSS).

- *In 2002 two family planning questions were added to the core BRFS questionnaire, one related to use of birth control and the other the type of birth control used. In addition, the Arizona Family Planning Council paid for two additional questions regarding intentions to get pregnant.*
- *In 2003 the YRBS was implemented in Arizona. Preliminary data will be available in late 2003.*

Healthy Arizona 2010
Responsible Sexual Behavior
2003-2004

#1 Increase the proportion of adolescents who abstain from sexual intercourse.

- The Abstinence Education Program, Year 5 Final Evaluation Report concluded that program participants who were virgins at the completion of the program had a 95% abstinence success rate up to 13 months post program. Seven contracts were awarded in 2003 to community based agencies and one local health department to provide abstinence education to youth, adults and parents in five counties. In 2004, four additional contracts were added to respond to the increase in demand by schools in Maricopa, Coconino and Pima Counties.
- Abstinence education services were provided in 144 schools and 52 other sites in five counties.
- The program reached over 28,663 youth and 620 adults/parents who received at least one program session.
- Three abstinence curricula trainings were provided to teachers and health educators in the state. The curricula were WAIT Training, Choosing The Best Life and Navigator. In addition, quarterly trainings have been provided to abstinence educators covering the following topics: teen alcohol and drug use, sexual assault, sexual conduct with a minor and current trends in teen pregnancy and birth data.

Objective #2: Increase the proportion of adolescents who use condoms if currently sexually active.

- All Title V clinics are working on increasing services to the adolescent community as part of their contractual requirement. Most of the clinics have a “brown bag” or “Robin hood bag” that is easily available to adolescents, and that can be obtained anonymously. The bags contain condoms and educational literature on how to use condoms, and other information such as, sexually transmitted diseases.

Objective #3: Reduce pregnancies among adolescents 15-17 years old.

- The rate of teen pregnancies has dropped from 42.2 per 1,000 females 15-17 years old to 41.6 in 2003.
- Title V programs have provided reproductive health/family planning services in 11 of the counties to 722 adolescents between the ages of 15-17 in 2003, and 570 in 2004 thru the end of September.
- The Abstinence Education Program Final Year Evaluation Report stated that for 2001, live birth rates among Abstinence Program participants were lower than comparable state rates and that the difference can be attributable to the program.
- Reducing the Risk and Teen Outreach Program curriculum was purchased by the Department of Health Services, Office of Women’s and Children’s Health and distributed to several large schools districts in the state that have implemented the programs.

Objective #4: Reduce sexually transmitted diseases

- Five of the Title V only program clinics continue to participate in the Infertility Prevention Program by screening for Chlamydia and providing treatment as needed. In 2004 in the first and second quarter, there has been 1176 tests completed, and 93 of those tests were positive (8%).
- In 2003, increased testing began for Chlamydia by using a urine test. This allows women to be tested without having a physical exam. Testing has also been implemented in the Juvenile detention centers in Tucson, Phoenix, and Safford and the adult jail in Maricopa County.
- Abstinence Educators received an updated training on STDs and HIV

Objective #5: Implement the Youth Risk Behavior Survey (YRBS) and the relevant modules of the Behavior Risk Factor Surveillance Systems (BRFSS).

- The YRBS was implemented by the Arizona Department of Education in collaboration with the ADHS in the spring of 2003. Results were published in the fall of 2003
In 2003, the YRBS data indicates that:
 - 56.9% of high school students never had sexual intercourse
 - Arizona has the third highest adolescent pregnancy rate in the nation, and 43.1% of high school students have had sexual intercourse
 - Age of Initiation of Sexual Intercourse- Less than 12 years old 2.4%, 12 years old 1.9%, 13 years old 5.1%, 14 years old 9.5%, 15 years old 10.4%, 16 years old 8.8% More than 16 years old 5%
 - Of Those Who had Sexual Intercourse in the Past Three Months, Youth Who Used a Condom During Last Sexual Intercourse: Females 49.2% and Males 66.3%
 - Have Had Sexual Intercourse with four or more Partners: Females 10.1% and Males 11.9%
 - Of Those Who had Sexual Intercourse in the Past Three Months. Youth Who Used Alcohol or Drugs Before Last Sexual Intercourse: Females 28.8% and Males 30%
 - Have Been Pregnant or Gotten Someone Pregnant: females 5.2% and males 3.8%



PROGRESS IN MENTAL HEALTH

In 2004, leadership of the substance abuse and mental health teams decided to combine efforts in view of the overlap of issues. Pages 18-20 present a reframing of the goals of both these teams with a status update.

Objective #1 Increase community knowledge and understanding of depression through collaboration with public and private agencies/businesses.

Strategy 1.1: Launch a communications campaign at the community level to increase understanding of depression and reduce its stigma.

Progress:

- *Mental Health Association (MHA)-ongoing health fairs and community presentations. During 2002, MHA was active in 26 health fairs and provided 17 presentations to the general public educating 12,000 people.*
- *During National Depression Screening Day, thousands of individuals received free screenings and referral information from MHA. In addition, throughout the year free screenings are offered.*
Numbers for NDSD:
 - *October 2001: 2,261 individuals were screened*
 - *October 2002: 2,556 individuals were screened*

Objective #2 Decrease the number of completed suicides for teens and older adults.

- According to ADHS Health Status and Vital Statistics Report 2003, the rate of teen suicides (ages 15-19) has not decreased in this three year period. In 2000, the rate was 14.6 (per 100,000); 2001, 11.5; and 2002, 15.9.
- For older adults over the age of 65 comparing the same three year period, in 2000 the rate was 23.4; 2001, 16.4; and 2002, 23.2.

Strategy 2.1: Implement statewide replication of the O.P.T.I.O.N.S. program and other educational programs that address teen depression and suicide.

Progress:

- *In 2002, 4,227 teens received a presentation about depression and suicide from MHA. The students took a pre and post test to determine their level of knowledge and consistently improved their scores. In addition, MHA is launching a pilot project in Southern Arizona to incorporate a peer component to the O.P.T.I.O.N.S program. The number of presentations in 2003 will far exceed what was done in 2002 due to a grant that will allow for another full time employee to present. Also, there have not been any teen suicides within at least six months after the presentation has been done and the safety plan put in place.*

- ADHS is currently updating its statewide suicide prevention plan. The Plan is comprehensive in nature and follows the Surgeon General's National Plan for reducing suicide. The state plan has three preliminary areas of focus that include: reviewing data collection methodologies, investigating and researching potential funding opportunities, and increasing public awareness.

Strategy 2.2: Promote community prevention programs that address the mental health needs of older adults.

- The Arizona Department of Health Services, Division of Behavioral Health obtained technical assistance funding from the Center for Substance Abuse Prevention and will be offering a one day training on September 12, 2003 titled: Creating Collaborations: Addressing Substance Abuse and Prescription Misuse in Older Adults. Dr. Frederick Blow, a national expert on this topic, will present information to the Directors and/or program clinical staff of the Regional Behavioral Health Authorities, Area Agencies on Aging and Adult Protective Services throughout the state. Approximately 80 individuals will participate to learn more about the unique needs of the older adult population, as well as the prevention and treatment for these disorders. The participants of the training will also discuss collaborations and make regional recommendations to further this initiative.
- MHA has been providing outreach and education to senior centers around the state to offer free materials and free screenings. To date, only one senior center has requested the free screenings, but many have requested materials to hand out.

Objective #3: Increase the number of individuals in Arizona that are screened for depression and referred for treatment if needed.

Strategy 3.1: Educate and train primary care physicians on the signs and symptoms of depression.

- As part of the 2010 team effort, the Arizona Academy of Family Physicians (AzAFP) is seeking grant funding for a proposal to improve the treatment of depression in primary care settings.
- MHA has submitted a grant to create a Continuing Medical Education project to educate Primary Care Physicians about depression and the need for screening.

Strategy 3.2: Strengthen linkages between the behavioral health and public health communities.

- The EXCEL Group, which is a Regional Behavioral Health Authority in the Yuma/LaPaz area, now offers behavioral health and physical health services within the same clinic sites.

Objective #4: Increase access to services for persons with depressive disorders.

Strategy 4.2: Educate employees about availability of existing mental health benefits.

- The Arizona Department of Administration Healthways program distributed information on symptoms of depression and availability of treatment through the state benefits program.

- *All state agency directors distributed a confidential depression screening tool to their employees on National Depression Screening Day.*
- *In October 2003, ADHS employees were given direct access to depression screening and information on availability of treatment through the benefits program.*

Strategy 4.3: Promote policy changes to implement mental health insurance parity.

- *The Mental Health Association is advocating for a bill in the 2004 legislative session that would end discrimination in health insurance coverage. This parity in mental health insurance coverage would mandate that physical and mental health be covered at the same level. A coalition has been revived with over 100 members.*



PROGRESS IN INJURY AND VIOLENCE PREVENTION

Prevention Plan

The *Arizona Injury Surveillance and Prevention Plan, 2002-2005* was completed in 2003 and is being disseminated throughout Arizona. Many goals and strategies are congruent with those found in *Healthy Arizona 2010*, which provided guidance to the Committee that devised the *Plan*. Emphasis is currently being placed on data collection to provide a foundation for the development of appropriate injury prevention strategies throughout the State.

In addition to data development, during the past year efforts have included establishing community links and fostering local and community efforts to reduce incidence and severity of injury. For example, the Injury Prevention Unit of ADHS, Bureau of EMS, has worked with Tribal agencies to establish data programs and motor vehicle crash injury prevention plans, since the prevalence of Motor Vehicle Crashes (MVC) on tribal lands approaches 4 times the prevalence in the State as a whole. Other Injury Prevention programs in the Department work with community and statewide efforts as appropriate.

Attention to falls in older adults, a cause of serious unintentional injury which has a high incidence in Arizona, will be a major activity for the coming year, along with continuation of efforts to reduce MVC injury.

The Healthy Arizona 2010 Injury Team is composed of an Internal Work Group (IWG) from ADHS, including Public Health Services, Behavioral Health and Assurance and Licensure, and external members of an Injury Prevention Advisory Council.

Objective #1 Reduce Injury disability and death caused by motor vehicle crashes.

Progress:

Strategy 1.1 Increase the proper use of occupant restraints.

- *Many groups in the state have provided child restraint installation and instruction. Three Native American tribes are working to increase use of seatbelts and child restraints on their reservations, including advocating a primary seatbelt law.*

Strategy 1.3 Ensure adequate training of EMS providers who treat adults and children (statewide, rural, tribal, border).

- *EMS training and Trauma system development is being expanded on tribal lands and in rural areas.*

Strategy 1.4 Promote safe transportation environments. Identify high risk locations for motor vehicle crashes.

- *A study by ADHS Health Statistics medical chief, Dr. Tim Flood, has been completed that identifies areas of high crash incidence by zip code.*
- *Three Native American tribes are working with Arizona Department of Transportation and the United States Department of Transportation among others to improve high mortality roadways.*

Strategy 1.7 Standardize the coding and reporting of crashes.

- *The Crash Outcome Data Evaluation System (CODES) program has been re-established at the University of Arizona.*

Objective #2 Reduce deaths due to homicide.

- *The Phoenix Police Department continues to address homicide through the Crime Analysis and Research Unit, Homicide Prevention Task Force, Increased emphasis on community policing is one of the strategies being employed to help reduce violent crime including homicide.*

Objective #3 Reduce deaths due to suicide.

- *Refer to mental health section.*

Objective #4 Reduce deaths due to drowning.

- *An analysis of data collection methods and opportunities for drowning prevention education can be found at <http://www.hs.state.az.us/phs/phstats>, Flood, TJ. Water related incidents in Maricopa County, AZ, 2002. Arizona Department of Health Services, Bureau of Public Health Statistics. Phoenix, AZ. Report #2003:1. Oct 2003.*

Objective #5 Develop and/or enhance data systems for abusive behaviors.

- *A subcommittee on data collection of the Governor's Commission to Prevent Violence Against Women is addressing this objective. A report will be delivered to the Governor in Spring, 2004.*

Recommendation:

Since falls are the leading cause of injury death for persons age 65 and over, an objective related to falls prevention will be added to the Healthy Arizona 2010 plan as part of the Healthy Aging 2010 initiative.

**HEALTHY ARIZONA 2010
INJURY TEAM UPDATE**

November, 2004

The ADHS Injury Prevention Program has moved from the Bureau of Emergency Medical Services to the Bureau of Community and Family Health Services, Office of Women's and Children's Health.

The Healthy Arizona 2010 Injury Team is composed of an Internal Work Group from ADHS, including Public Health Services, Behavioral Health Services and Assurance and Licensure; and

members of an Injury Prevention Advisory Council composed of leaders in injury prevention throughout the state. Both have met at intervals during the year.

Activities:

The *Arizona Injury Surveillance and Prevention Plan, 2002-2005*, completed in 2003, has been disseminated throughout Arizona. It is being reviewed for update, through the appropriate ADHS Internal Work Group and the Injury Prevention Advisory Council (IPAC). Outcomes for Injury Prevention goals and strategies reflect those of *Healthy Arizona 2010*. Emphasis on surveillance remains foundational, for the development of appropriate injury prevention strategies throughout the State. However, implementation is being increasingly emphasized, in particular since several categories of injury are increasing rather than decreasing. (See attached)

Efforts to establish community links and foster local and community actions to reduce incidence and severity of injury are developing. Injury Prevention outreach from different ADHS programs interact with Tribal agencies to help them establish data programs and motor vehicle crash injury prevention plans. Other Injury Prevention programs in the Department and the community at large work with community and statewide efforts, such as SAFE KIDS®, EMSC, Maricopa Drowning Prevention Coalition, Governor's Office of Highway Safety and the Governor's Office of Children, Youth and Families' Domestic Violence prevention efforts.

Falls in Older Adults, which cause many serious unintentional injuries in Arizona, are being addressed in the Department's Healthy Aging program, in concert with other Departmental efforts to reduce risk, such as fitness and general health issues. Motor vehicle crash injury reduction will remain a major prevention activity focus for the coming year, in older citizens, among young adults and on Tribal lands. Reduction of drowning incidents appears to be improving and will continue.

Progress by Objective:

Objective #1 Reduce Injury disability and death caused by motor vehicle crashes.

Data from FARS show a 3.5% decrease in MVC fatalities from 2002 to 2003. This is still 20.07 fatalities per 100,000 drivers.

Objective #2 Reduce deaths due to homicide.

Vital records information shows a change from 8.7 per 100,000 population in 2001 to 8.6 in 2002, the first decline of any magnitude for several years.

Objective #3 Reduce deaths due to suicide.

While the suicide rate increased from 11.5 in 2001 to 15.9 in 2002, the increase was nearly all accounted for by a rise of over 40% among older adults, obscuring a decrease of 5.5% among adolescents aged 15-19.

Objective #4 Reduce deaths due to drowning.

All drowning deaths statewide and across the ages declined nearly 25%. Data from the Drowning Prevention Coalition of Central Arizona indicate the Maricopa drowning rate for children four or younger reached 6.9 deaths per 100,000 children, the second lowest rate since 1984.*

**Flood, TJ. Water related incidents in Maricopa County, AZ, 2002. Arizona Department of Health Services, Bureau of Public Health Statistics. Phoenix, AZ. Report #2003:1. Oct 2003.*

Objective #5 Develop and/or enhance data systems for abusive behaviors.

The Governor's Commission to Prevent Violence Against Women has completed their report and is working on strategic plans. There are few reliable measures of the extent of abuse overall, but the Injury Prevention Program is engaged in a setting up a data surveillance system for homicide, assault, suicide and self harm which will include Medical Examiner and law enforcement resources as well as the Hospital Discharge and Vital Records sources.

Falls

Falls appear to have declined from 8.9 in 2001 to 8.6 in 2002. This is a reversal of a previously increasing trend but is under the national 2010 target of 3 per 100,000.



PROGRESS IN ENVIRONMENTAL HEALTH

Objective # 1 Ensure that all air in AZ achieves USEPA attainment status for criteria air pollutants by 2010. This specifically includes ozone and PM.

Progress:

Strategy 1.1 Implement all current federally mandated particulate matter control measures.

Strategy 1.2 Implement all recommendations of the 2000 Brown Cloud Summit Task Force.

- *Maricopa County has implemented and fully funded an aggressive dust control ordinance. Additional inspectors have been added to the County enforcement team. Substantial progress has been made in curbing dust violations from construction sites. The Arizona State Legislature passed legislation that increases the penalties for dust violations.*

Objective # 2 Reduce severe lead poisoning 75% by 2010. Reduce the prevalence of lead poisoning in Arizona 50% by 2010.

Strategy 2.1 Screen (by 2005) 100% of AHCCCS-eligible high risk children.

- *The ADHS has completed an Administrative Rule change that requires laboratories to report all lead poisoning results. These data are currently being analyzed to determine the screening status of children identified in Strategy 2.1.*

Strategy 2.2 Implement a lead-based pottery and folk medicine campaign in high risk zip codes.

- *A media campaign to alert residents of Yuma County of the hazards of folk medicine containing lead was implemented in 2001. An evaluation of the campaign effectiveness determined that it was highly successful. An additional campaign is being conducted in 2002 in the Douglas, Bisbee, Nogales areas.*

Strategy 2.3 Continue current registry program, investigate cases and make appropriate intervention referrals.

- *The ADHS has been continuing to successfully continue its current lead poisoning program. The 2002 annual report is available at www.hs.state.az.us/oeht.htm. More than 2000 annual reports were mailed to Arizona Pediatricians.*
- *The Arizona Lead Poisoning Coalition in association with the ADHS developed and has distributed a Targeted Screening Plan that identifies the ZIP Codes in Arizona with the highest risk for childhood lead poisoning. The plan encourages providers with patients that live in high risk ZIP Codes to be screened for lead poisoning.*

Objective # 3 Reduce the prevalence of food borne illness in Arizona by reducing risk factors for food borne illness in restaurants and retail food establishments 25% by 2010.

Strategy 3.1 Adopt and implement (by 2001) a new food code in Arizona based on the Food and Drug Administration Model 1999 Food Code.

- *The ADHS adopted and implemented the USFDA Model Food Code on October 3, 2001.*

Strategy 3.2 Establish (by 2002) Arizona baseline levels of compliance with foodborne illness risk factors using new food code regulations.

- *The ADHS has the first complete year of compliance data from the county health departments. An annual report detailing the 2001 baseline results will be published and distributed in January 2002.*

Strategy 3.3 Fully implement (by 2004) the new food code rules, including 90% compliance with the requirement that the person in charge of all food establishments demonstrate adequate food safety knowledge.

- *Baseline data for the number of persons in charge that meet the new food code education requirements are currently being tracked. Results will be available in the 2002 Annual Report.*

Strategy 3.4 Complete audits (by 2005) of all 15 county health departments and determine effectiveness of food safety programs.

- *Pilot assessments of 3 counties have been completed. A comprehensive assessment tool has been finalized, and assessments of all counties will be completed 2005.*

Objective # 4: Improve indoor air quality in AZ by eliminating environmental tobacco smoke in 100% of public buildings and 80% of semipublic buildings by 2010.

Strategy 4.1 Promote public policy to implement prohibitions on smoking in public and semipublic buildings in AZ municipalities.

- *Anti-smoking ordinances were adopted and implemented in Flagstaff in 2000 and in Pima County during 2001. Smoking ordinances for food establishments were adopted by Tempe, Mesa, and El Mirage in 2002. There is increasing discussion of proposing a statewide voter approved initiative that would limit smoking in all food establishments. The Tobacco Education and Prevention Program has implemented a major media initiative to inform Arizonans of the hazards of tobacco smoke.*

Objective # 5: Increase the percentage of Arizona children that regularly use sun protection by 2010.

Strategy 5.1 Establish Arizona baseline levels of sun protection of children.

Strategy 5.2 Implement an effective media and public service campaign to promote sun protection of children in Arizona.

- *The Arizona Department of Health Services began implementing the SunWise school program in January 2003 for elementary schools in Arizona. The program encourages elementary schools to adopt sun-safe policies and promote sun-safe educational programs in order to educate children about sun safety and to encourage life-long sun safety behaviors. Creative, child-friendly promotional materials developed by the EPA SunWise program are being distributed to help schools to implement a sun-safe program. Between January 2003 and August 2003 more than 238 schools have adopted and implemented the SunWise program.*

Environmental Health 2010 Update - 12/04

Objective # 1. Ensure that all air in AZ achieves USEPA attainment status for criteria air pollutants by 2010. This specifically includes ozone and PM.

Strategy 1.1 & 1.2 Maricopa County has implemented and fully funded an aggressive dust control ordinance. Additional inspectors have been added to the County enforcement team. Substantial progress has been made in curbing dust violations from construction sites. The Arizona State Legislature passed legislation that increases the penalties for dust violations.

Objective # 2. Reduce severe lead poisoning 75% by 2010. Reduce the prevalence of lead poisoning in Arizona 50% by 2010.

Strategy 2.1- The ADHS works with the Arizona Health Care Cost Containment System (AHCCCS) Health plans to aid in the education of their providers so that they will screen enrolled children. The goal is to increase screening by 9% each year. The program is monitoring the number of results received on AHCCCS children on an annual basis.

Strategy 2.2- Funding is currently being sought to continue the media campaign. The program is currently distributing brochures and posters to local community health advocacy groups, local health departments, border community organizations and other local organizations serving women and children to keep the information available about lead poisoning resulting from home remedies and misuse of lead glazed pottery.

Strategy 2.3- The ADHS has been successfully continuing its current lead poisoning program. The 2003 annual report is available at <http://www.azdhs.gov/phs/oei/invosurv/oeihsreports.htm> under Children's Environmental Health.

Strategy 2.3- The ADHS has developed the Lead Poisoning Elimination Plan that is used along with the Target Screening Plan. These plans are a guide in accomplishing the objective.

Objective # 3 Reduce the prevalence of food borne illness in Arizona by reducing risk factors for food borne illness in restaurants and retail food establishments 25% by 2010.

Strategy 3.1- The ADHS adopted and implemented the USFDA Model Food Code on October 3, 2001.

Strategy 3.2 – The ADHS has incorporated foodborne illness risk factors into the State approved inspection form and has mandated inspection of those factors during restaurant inspections.

Strategy 3.3 – The Food Code has been fully implemented requiring all food establishments demonstrate adequate food safety knowledge.

Strategy 3.4 – All 15 county health departments who are delegated food inspection responsibility will be audited during 2005. An action plan has been developed depicting the audit focus and has been discussed with the local county Environmental Health Directors .

Objective # 4: Improve indoor air quality in AZ by eliminating environmental tobacco smoke in 100% of public buildings and 80% of semipublic buildings by 2010.

Strategy 4.1- Anti-smoking ordinances were adopted and implemented in Flagstaff in 2000 and in Pima County during 2001. Smoking ordinances for food establishments were adopted by Tempe, Mesa, and El Mirage in 2002. There is increasing discussion of proposing a statewide voter approved initiative that would limit smoking in all food establishments. The Tobacco Education and Prevention Program has implemented a major media initiative to inform Arizonans of the hazards of tobacco smoke.

Objective # 5: Increase the percentage of Arizona children that regularly use sun protection by 2010.

Strategies 5.1 & 5.2 – The ADHS continues to implement and promote the SunWise school program in schools in Arizona. The program encourages elementary and middle schools to adopt sun-safe policies and promote sun-safe education programs to educate children about sun safety and to encourage life-long sun safety behaviors. The program has visited 654 schools as of December 1, 2004, which includes 5 complete school districts with 34,000 children, and adults having been through the program. PSA announcements were played in local supermarkets throughout the summer of 2004 as well as numerous types of media coverage about the program were in the newspaper, and on radio and television.



PROGRESS IN IMMUNIZATION AND INFECTIOUS DISEASE

Objective #1 Increase the proportion of non-institutionalized older adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Progress:

Strategy 1.1 Enhance and expand the promotion of PPV and influenza vaccinations in persons 65 and older in home healthcare settings, in dialysis centers and among diabetics.

- *The Department continues to promote PPV and influenza vaccine in a variety of settings, especially among groups of high-risk adults.*

Strategy 1.2 Incrementally increase the accessibility of PPV and influenza vaccinations to persons 65 and older through the following steps:

- *The Arizona Pharmacy Association is planning a training and certification program for pharmacists to administer vaccines. The Association believes that current law is adequate to allow this at this time*
- *The Apache Junction Fire Department has been providing community-wide adult vaccinations for some time. Recently, the Mesa and Phoenix Fire Departments began offering public adult immunizations in addition to their ongoing immunization activities for children and their own staff.*
- *ADHS continues to educate hospital staff and to urge hospitals to immunize appropriate persons with PPV and influenza vaccines prior to discharge, including via the use of standing orders.*

Objective #2 Reduce the rate of hepatitis A

Progress:

Over the past few years, the rate of hepatitis A in Arizona has fallen dramatically, from an annual average of ~48 cases to ~6 cases per 100,000 population in 2002. This 8-fold decrease has at last removed Arizona's longstanding distinction as the state consistently with the highest hepatitis A rates in the U.S. We attribute this achievement to the widespread use of hepatitis A vaccine in young children and, in particular, to the narrowly targeted requirement for hepatitis A vaccine in children attending day care in Maricopa County.

Strategy 2.1 Increase the recommended age group for hepatitis A vaccination incrementally from the current 2-5 years of age to 2-18 years of age and accompany these changes with educational and promotional campaigns.

- *The Department plans to expand Vaccines for Children (VFC) eligibility to meet CDC age guidelines (through 18 years of age), state funding permitting. How strenuously hepatitis A vaccine would need to be promoted to achieve desired further reduction in rates remains to be seen.*

Strategy 2.2 Provide hepatitis A vaccinations to youths held in juvenile detention centers.

- *If adequate State funding is available to expand VFC eligibility (see Strategy 2.1, above), hepatitis A vaccine will be made available to juvenile detention facilities via VFC.*

Strategy 2.3 Implement the new ADHS Food Code rules which require that food handlers with symptoms suggestive of hepatitis A report their condition to their managers and be removed from food contact activities.

- *The State implemented the new 2000 Food Code on October 3, 2001, which contained a provision for the person in charge at a food establishment to require reporting by employees or applicants who have been diagnosed with or who are symptomatic of Hepatitis A. In addition, if the applicant or employee has had Hepatitis A in the past, or meets one of several specified high risk conditions associated with hepatitis A, that person must also report this to the person in charge. The information provided to the person in charge must be done in a manner that allows the person in charge to prevent the likelihood of foodborne disease transmission.*

Objective #3 Reduce the rate of new invasive pneumococcal infections (e.g., meningitis, pneumococcal pneumonia, otitis media) both in children under 5 years of age and in adults aged 65 years and older.

Progress:

Strategy 3.1 Make available pneumococcal conjugate vaccine 7 valent (PCV7), both through the VFC program and by securing state funding for purchase of vaccine to meet the needs of those not covered by VFC and educate providers on the appropriate use of PCV7 and pneumococcal polysaccharide vaccine 23 valent (PPV23) in children.

- *Implementation of this strategy is planned and is linked to availability of state funding (See Strategy 2.1, above).*

Strategy 3.2 Develop and implement a statewide project to promote the appropriate use of pneumococcal vaccines in children through education of parents and providers.

- *Health care providers' office staffs are encouraged to attend vaccine preventable disease training programs and the annual Arizona Immunization Conference, at which pneumococcal vaccines are discussed. Information is also posted on the Department's website and published in the Prevention Bulletin, the bimonthly newsletter published by the Department and distributed to all providers, and in Upshots and Immunizations, quarterly newsletters published by TAPI and the Arizona Immunization Program Office.*

Strategy 3.3 Develop and implement a statewide project directed at senior citizens, healthcare providers and caregivers to promote the use of pneumococcal vaccine in persons 65 and older, including a statutory requirement that hospitals vaccinate any unvaccinated person 65 and older who is admitted or seen in an emergency room.

- *No legislation to require hospitals to vaccinate is known to be pending. In all of the mechanisms discussed under Strategy 3.2, pneumococcal vaccine is included. Press releases and other media contacts regarding influenza vaccine often include discussion of pneumococcal vaccine, and the provision of both is encouraged.*

Objective #4 Increase the proportion of children 19 through 35 months of age who receive all of the following recommended vaccines: 4 DTaP, 3 polio, 1 MMR, 3 Hib, and 3 hepatitis B.

Strategy 4.1 Introduce and promote the concepts of the AFIX program in private sector healthcare plans. Monitor and disseminate bi-annual National Immunization Survey (NIS) results that identify the state's overall immunization coverage levels and individual antigen coverage levels at 24 months of age.

- *The AFIX (Assessment, Feedback, Information eXchange) program is ongoing through VFC. AFIX is provided to all VFC-participating providers' offices, as well as to any other office that requests it. This program is advertised to providers, although the number of requests from non-VFC providers has been disappointing to date. NIS results are published in Upshots and Immunizations, and are incorporated into presentations, inservices and other programs targeted to providers.*

Strategy 4.2 Improve the system for communicating immunization information relating to individual children between Arizona and its neighboring states and Mexico to assure completeness of immunizations.

- *Although not yet active, a system of communication between registries using HL7 computer language is under development.*

Strategy 4.3 Enhance reminder recall in all healthcare systems providing immunization services to assure completeness of immunization.

- *In all educational programs, in-services, newsletters and other forms of communication, reminder-recall systems are promoted. There is a built-in recall component in PC-Immunize, software provided by the Department free to any provider's office that requests it, as well as via the ASIIS web application, which is used by more than 2,000 user sites.*

Objective #5 Reduce the number of courses of antibiotics for ear infections in young children.

Strategy 5.1 Introduce and promote the "State of Arizona Group on Understanding Antibiotic Resistance" (SAGUARO), a coalition of over 30 partners with the following goals:

- Decrease the trend in antibiotic resistance

- *Reported penicillin-resistant invasive pneumococcal disease has decreased in Arizona from 28% resistance in 2000 to 20% in 2002.*

- Increase the quality of care and reduce the cost of treating bacterial infections

- Increase the knowledge level of all members of the caregiver team

- Create a greater level of public awareness around this issue

- *SAGUARO (State of Arizona Group on Understanding Antibiotic Resistance) activities have included a poster contest for school children in association with the Arizona Diamondbacks, health care provider dinner conferences, hospital grand rounds, and distribution of pamphlets and self-care guide flip charts. The governor has proclaimed an "Antibiotic Resistance Awareness Month" each of the last four years.*

Strategy 5.2 Recommend and locally promote national (or modified national) "Judicious Antibiotic Use Guidelines."

- *Appropriate use guidelines have been distributed to health care providers via mail, professional conferences, professional newsletters, exhibit booths, and hospital grand rounds. Antibiotic resistance lectures have been given throughout the state at professional meetings, public health grand rounds, and dinner conferences by ADHS staff, local and national speakers*



PROGRESS IN MATERNAL & CHILD HEALTH

Objective #1 Reduce Infant Mortality

Progress:

- *The Office of Women's and Children's Health began funding six women's health pilot projects in 2003. The projects specifically target outcomes related to nutrition, physical activity, healthy weight, smoking cessation, stress, and motor vehicle safety among women. The projects are intended to last one year.*
- *The Arizona Public Health Association and the Focus on Family Planning Coalition held a conference on family planning in the fall of 2003. This was the 3rd annual conference.*
- *The Arizona Family Planning Council released a Request for Proposal in 2003 to secure providers for family planning services using Title X funding.*
- *The Governor's Commission on the Health Status of Women and Families developed recommendations for women's health. The initial focus of implementation of the recommendations is on increasing physical activity.*
- *The Office of Women's and Children's Health provided an opportunity in the fall of 2003 to compete for funding for projects related to women's health and infant mortality. Contracts were developed for one year with an option to renew up to four additional years.*
- *County health departments continue to provide outreach for prenatal care and education to high-risk pregnant women in Arizona through funding provided by the County Prenatal Block Grant. The Health Start Program also identifies high-risk pregnant women and assists them in accessing prenatal care as well as providing education and guidance on health and safety for infants*
- *A series of meetings with the Gila River Health Department were held to analyze Native American Infant mortality. Tribe specific data on child fatalities was provided to Gila River for their own analysis.*
- *An investigation is underway by the Office of Women's and Children's Health to explore fetal death data and identify ways that the state can analyze fetal deaths and support practices to reduce fetal and infant deaths.*

Objective #2 Increase the Proportion of Very Low Birth Weight Infants Who Are Delivered At Level III Hospitals or Subspecialty Perinatal Centers.

- *One hospital in Maricopa County moved to a higher level of certification in the past year, becoming a Level III hospital.*
- *Annual hospital data was prepared, analyzed and distributed to hospitals to allow them to compare themselves to hospitals of a similar size.*

- *Educational efforts were supported through funding for the 13th Annual Arizona Perinatal Trust Conference.*

Objective #3 Increase the proportion of pregnancies begun with an optimum folic acid level (consumption of at least 400 micrograms of folic acid each day from fortified food or dietary supplements by non-pregnant women aged 15-44 years).

- *The folic acid distribution and education program is administered for low-income women by the county health departments throughout Arizona. The purpose of the program is effectively change the behavior of low-income women of childbearing age through education of the benefits of folic acid supplementation in the reduction of neural tube defects and supplying the multivitamin with .4 mg of folic acid.*

As of March 2003, the program has served 21,758 women for initial folic acid visits (when they receive education, a risk assessment, and a year supply of multivitamins) and 1,549 women for follow-up visits.

- *The Folic Acid Social Marketing Campaign objective was to generate awareness among the target audience that folic acid taken daily can help prevent up to 70% of major birth defects. The target audience of this campaign was women of lower economic status between the ages of 18 to 34.*

Materials developed for the campaign included a logo and tagline, "Folic Acid, the one thing you can't forget", public relations, television commercials, website www.getfolic.org, billboards, poster series, brochure, and incentive items. All materials were created in English and Spanish. The campaign launched in January 2003 during Birth Defects Awareness Month.

Objective #4 Increase the proportion of mothers who breastfeed their babies.

- *The Pregnancy and Breastfeeding Hotline operated by the Office of Women's and Children's Health continues to provide information and written materials to callers about breastfeeding. In addition, Hotline staff provide referrals to WIC clinics and assist pregnant women to access prenatal care by linking them with AHCCCS.*
- *The Arizona Department of Health Services implemented a policy to allow employees who are nursing mothers to bring their infants to the Arizona Department of Health Services facilities for the purpose of breastfeeding them during working hours. A Breastfeeding Room has been provided in the State Health Building for breastfeeding mothers to use for breastfeeding their infants or pumping breastmilk.*
- *The Arizona WIC Program received a "Loving Support" grant from the U.S. Department of Agriculture to promote breastfeeding in local agencies. This grant will provide staff training and ensure consistent breastfeeding messages throughout the Arizona WIC Program.*
- *The Breastfeeding Awareness Social Marketing Campaign objective was to educate employers on the advantages of breastfeeding for the mother/employee returning to work, and encourage them to provide facilities and moral support for working mothers and their babies. The primary target audience for the campaign materials was CEOs and Human Resource Managers. The secondary target was employees and working mothers.*

- *The campaign messages conveyed that working mothers who are given the opportunity to provide breast milk for their babies upon returning to work are more likely to have healthier babies – and be healthier, more productive employees. Materials created for the campaign include a logo and tagline, “Keep a good thing going”, poster, information packet for employers, press kit, website, and incentive items. The website, www.gobreastmilk.org, has sections for human resources managers, employers, and mothers looking for resources about breastfeeding. Media value garnered from media attention as a result of three press releases totaled \$26,210.*

Update on 2010 Activities: Maternal / Infant Health

November , 2004

Objective 1: Reduce Infant Mortality

- The Arizona Public Health Association and the Focus on Family Planning Coalition held the 4th annual conference on family planning this fall.
- The Arizona Family Planning Council issued the 2003 *Status Report on Family Planning in Arizona*. The report concludes that about 135,000 or 54% of fertile low-income women potentially in need of family planning did not receive those services in Arizona in 2003.
- The Governor’s Commission on the Health Status of Women and Families worked on recommendations for the following goals: increase access to health care for women of Arizona; improve the health and well being of women; increase access to family planning; reduce the teen birth rate; and increase prenatal care and pre-conception care. The Commission, the Governor’s Office, and ADHS sponsored several activities during Women’s Health Week, including a screening fair and Women’s Health Luncheon.
- The Office of Women’s and Children’s Health funds eight women’s and children’s health projects. Five of the projects specifically target outcomes related to nutrition, physical activity, healthy weight, smoking cessation, stress, substance abuse and motor vehicle safety among women. Seven of the projects address infant mortality and car seat safety. Project contracts are for one year with an option to renew up to four additional years. In addition, for counties that do not receive funding from the Community Health Projects, car seat safety programs have been sponsored by the County Prenatal Block Grant.
- County health departments continue to provide outreach for prenatal care and education to high-risk pregnant women in Arizona through funding provided by the County Prenatal Block Grant. The Health Start Program also identifies high-risk pregnant women and assists them in accessing prenatal care as well as providing education and guidance on health and safety for infants.
- The Office of Women's and Children's Health is currently conducting an analysis of fetal and infant deaths to identify excess mortality associated with various periods of risk, such as preconception maternal health, maternal care, newborn care and infant care. Results of this analysis will help to identify opportunities for strategic intervention.
- The Office of Women’s and Children’s Health is partnering with the Maricopa County Department of Public Health to implement the Friendly Access Program. The Friendly Access Program is part of a national initiative focusing on increasing access to health care, increased use of health care, increased satisfaction, and improved outcomes by

focusing on cultural, organizational, and communication problems as perceived by the client.

Objective #2: Increase the Proportion of Very Low Birth Weight Infants Who Are Delivered At Level III Hospitals or Subspecialty Perinatal Centers.

- The High Risk Perinatal Program continues to support risk-appropriate transport services for high-risk pregnant women and neonates and links to neonatologists and perinatologists for physicians in rural areas who want consultation services regarding patient care.
- The Arizona Perinatal Trust has convened a task force to make recommendations regarding certifying transport companies who provide high-risk maternal and neonatal transports.
- Annual hospital data was prepared, analyzed and distributed to hospitals to allow them to compare themselves to peer hospitals.
- Educational efforts were supported through funding for the 14th Annual Arizona Perinatal Trust Conference.

Objective #3: Increase the proportion of pregnancies begun with an optimum folic acid level.

- On January 1, 2001 Department of Health Services established a folic acid supplement distribution and informational program with the Local County Health Departments. The program served women of childbearing age who are at or below 150 percent of the federal poverty level. The women received a year supply of multi-vitamins and educational counseling on the importance of folic acid in the prevention of neural tube defects. On June 30, 2004, the program funding ended. The program is continuing to distribute vitamins without education until the remaining funds are depleted.
- Since April 2001 to the present, 50,388 low-income women of childbearing age received education on the benefits of folic acid and 1 year supply of multivitamins. 22,353 women were unaware of the benefits of folic acid.
- Since July 1, 2004, 175 women received a year supply of multivitamins.
- Revised and continued to distribute statewide *Baby in Your Future?* and *Women: Here's one thing you can't forget* folic acid brochures.

Objective #4: Increase the proportion of mothers who breastfeed their babies.

- In Arizona in 2003, 80.4% of babies are ever breastfed; 42.8% still receive some breastmilk (not necessarily exclusive) by 6 months, and 19.2% still receive some breastmilk by 1 year. Exclusive breastfeeding rates at 3 months are 47.6%, and at 6 months are 17.4%.
- The Pregnancy and Breastfeeding Hotline operated by the Office of Women's and Children's Health continues to provide information and written materials to callers about breastfeeding. In addition, Hotline staff provides referrals to WIC clinics and assist pregnant women to access prenatal care by linking them with AHCCCS.
- ADHS is exploring options for increasing the number of International Board Certified Lactation Consultants (IBCLC) in Arizona through a fast track program.

- ADHS continued to support of the ADHS Breastfeeding policy for employees returning to work as model policy for Arizona businesses.
- A pregnancy and breastfeeding support class was offered to the Department through the ADHS Wellness activities.
- ADHS promoted breastfeeding duration for mothers returning to work through an employer focused health marketing campaign.
- A statewide coalition of breastfeeding experts and advocates (called LATCH-AZ) was created. The coalition will support activities such as continuing education opportunities, ad hoc workgroups, a listserv, and updated statewide resource and referral lists.
- Breastfeeding training was added to all WIC University trainings (new employee orientation).



PROGRESS IN ORAL HEALTH

2000

ADHS convened a team of government and community members to develop oral health objectives for the *Healthy Arizona 2010* initiative. The group set state specific objectives and strategies for improving oral health in Arizona. (listed below)

- | | |
|---------------------|---|
| <u>Objective #1</u> | Increase the proportion of children and adults who receive dental care each year. |
| <u>Objective #2</u> | Increase the proportion of residents with comprehensive dental insurance. |
| <u>Objective #3</u> | Increase the proportion of residents served by community water systems with optimally fluoridated water. |
| <u>Objective #4</u> | Reduce the proportion of children who have ever had tooth decay (measured at preschool and elementary levels). |
| <u>Objective #5</u> | Reduce the proportion of children who currently have untreated tooth decay (measured at preschool and elementary levels). |

Progress Overview:

2001

Activities that occurred in 2001 to promote achievement of these objectives included:

- *Opening of a dental clinic to serve homeless people in Maricopa County.*
- *Initiation of the Preschool Prevention Program focusing on developing an oral health care system for children from birth to 3 years of age.*
- *Development of a partnership between the Arizona Department of Health Services and University of California – San Francisco to assess dental provider workforce trends*
- *The City of Yuma approved water fluoridation through a referendum.*
- *The Town of Gilbert installed fluoridation equipment.*
- *Two web-based courses were launched to educate health professional on osteoporosis and early childhood caries.*
- *The Arizona Dental Sealant Program expanded to serve Native American children covered by the Indian Health Service.*
- *Eleven grants were awarded by the Arizona Department of Health, Office of Oral Health to support local communities in assessing oral health needs and developing improvement plans/programs.*

2002:

- *An Oral Health Summit was held to engage a diverse group of stakeholders to develop partnerships and strategies to improve oral health from both a state and local perspective. Input gathered from the Summit was obtained to draft a state oral health improvement plan.*
- *The Governor's Office received a planning grant from the Association of State and Territorial Dental Directors to develop a state plan to improve the oral health of children attending Head Start.*
- *Water fluoridation began in Gilbert.*
- *Seven more grants were awarded by the Arizona Department of Health, Office of Oral Health to support local communities in assessing oral health needs and developing improvement plans/programs.*
- *St. Joseph's Hospital began the Maricopa County Dental Services Collaboration to improve coordination in oral disease prevention efforts.*
- *Pima County Health Department continued to convene a coalition to improve the oral health of residents in Pima County.*
- *The Office of Health Systems Development sought more dental health professional shortage area designations.*
- *The Arizona School of Health Sciences hired a Dean for the first-ever dental school in Arizona (to be opened in 2003).*
- *St. Luke's Health Initiative completed a pilot program to investigate the dental needs of low-income adults in Maricopa County in collaboration with the Maricopa County Office of Oral Health and Delta Dental of Arizona.*
- *A number of mobile and portable dental practices began serving underserved and vulnerable populations.*
- *The Arizona Department of Health Services, Office of Oral Health received a grant from the Robert Wood Johnson Foundation to improve access to oral health services for AHCCCS/KidsCare and uninsured children from low-income families.*

2003

A State Oral Health Action Plan was developed with significant input from both health/policy leaders as well as local communities.

An assessment of the progress toward achievement of the Healthy Arizona 2010 Oral Health objectives was completed. The assessment reveals the following:

Progress toward Healthy Arizona 2010 Objectives

Objective #1 Increase the proportion of children and adults who receive dental care each year.

Progress:

- *Children K-3¹--58.9%*
- *AHCCCS Children (0 through 20 yrs old)² -- 14.7% (83,556 / 568,107)*
- *SCHIP & AHCCCS all ages² -- 18.25% (207,844 / 1,138,856)*
- *New Baseline: 9th Graders³ --58.3%*
- *Adults--no data available for Arizona since 1999 baseline (BRFSS)*

Objective #2 Increase the proportion of residents with comprehensive dental insurance.

Progress:

¹ Arizona School Dental Survey 1999-2003. ADHS, OOH (public and private dental insurance).

² Data provided by AHCCCS for Federal Fiscal Year 2002.

³ 2002 Survey Data; ADHS, OOH.

- Children 6-8 yrs old¹ – 76%
- AHCCCS Children (enrolled)² – 568,107
- Adults--no data available for Arizona since 1999 baseline (BRFSS).

Objective #3 Increase the proportion of residents served by community water systems with optimally fluoridated water.

Progress: 59.2%⁴

Objective #4 Reduce the proportion of children who have ever had tooth decay (measured at preschool and elementary levels).

Progress:

- Children ages 2-4--no data available for Arizona since 1999 baseline.
- Children ages 6-8¹ – 62%

Objective #5 Reduce the proportion of children who currently have untreated tooth decay (measured at preschool and elementary levels).

Progress:

- Children ages 2-4--no data available for Arizona since 1999 baseline.
- Children ages 6-8¹ – 41%

ORAL HEALTH 2010 SUBCOMMITTEE 2004 PROGRESS REPORT

Objective 1: Increase the proportion of children and adults who receive dental care each year.

- Strategy 1.1 – Promote enrollment in and utilization of publicly funded dental insurance programs.
We are funding two pilot programs that encourage the enrollment and utilization of dental benefits for pregnant teens and for children under the age of three.
- **Strategy 1.2 – Ensure that Arizona has maximized the number of Dental Health Professional Shortage Areas for which it is allowed.**
We recently completed a two-year statewide survey of licensed dentists and dental hygienists. This database is now a resource for Health Systems Development in their efforts to determine dental health professional designations.
- Strategy 1.3 – Promote annual dental examinations as a minimum standard.
- Strategy 1.4 – Establish (by 2002) new dental care delivery systems (e.g. school-based, mobile, portable, etc.).
The trailers continue to be utilized in underserved communities. Two trailers will be available next year and we are evaluating the guidelines for use and the selection process so that we can urge communities who are awarded a trailer to help meet state and national oral health objectives.
- Strategy 1.5 – Increase dental providers in dentally underserved areas of the state.

⁴ 2002 State Synopsis.

The Governor signed HB2194 into law which allows dental hygienists to provide preventive services to children in specific settings without a prior exam of a dentist. The hygienist must work under standing orders of a dentist provided through an affiliated practice agreement. This law is intended to allow hygienists to provide more preventive services in more settings and will hopefully reach underserved communities.

Objective 2: Increase the proportion of residents with comprehensive dental insurance.

- **Strategy 2.1 – Promote employer-based dental insurance.**
- **Strategy 2.2 – Expand (by 2005) comprehensive dental coverage to adults through state-funded health insurance programs (i.e., AHCCCS, KidsCare, sliding fee, etc.)**
- **Strategy 2.3 – Seek additional funding for dentally-uninsured, low-income Arizonans.**

Arizonans Committed to Improving Oral health Needs (ACTION) is a toll-free statewide referral line and also serves a dental safety net by linking qualified uninsured seniors, adults and people with special needs to dentists in their area. These dentists have agreed to provide free or reduced fee dental treatment. The funding for this program ends in November 2005 so additional funding should be sought.

Objective 3: Increase the proportion of residents served by community water systems with optimally fluoridated water.

- **Strategy 3.1 – Promote water fluoridation in Arizona communities.**
We are pursuing funding to help support communities in their efforts to improve oral health through community water fluoridation. This funding will be used to assess capacity for fluoridation in non-fluoridated communities, educate dental providers and stakeholders about the latest research on fluoridated water, and provide support to communities who want to maintain the optimal level of fluoride.
- ~~Strategy 3.2 – Establish (by 12/31/2001) a water fluoridation data monitoring system.~~ **DONE**

Objective 4: Reduce the proportion of children who have ever had tooth decay (measured at preschool and elementary levels).

- **Strategy 4.1 - Increase education of all health professionals on the importance of oral health.**
The Arizona School of Dentistry and Oral Health has developed oral health competencies for health professionals including physicians, nurses, and physicians assistants. Next year, the dental school will work toward getting at least three Arizona programs to adopt these competencies.

We also developed a continuing education course for dentists on 'First Dental Visit by Age One: A Guide to the New Recommendations'. We will also host a speaker that will encourage dentists to incorporate children under age three into their practice.

- **Strategy 4.2 – Increase public education on the importance of oral health.**
We completed qualitative and quantitative research that will be the basis for a social marketing campaign. An agency is developing creative ideas.

- **Strategy 4.3 –Expand the state-sponsored dental sealant program statewide.**
2004 included programs in Pinal and Coconino counties with plans to increase the number of children receiving sealants in Yuma. The Office is also pursuing sealant programs in Navajo and Apache counties for 2005.

We will partner with a foundation for additional funding to support the Arizona Dental Sealant Program. The funds will go to deliver sealants outside of Maricopa County.

Objective 5: Reduce the proportion of children who currently have untreated tooth decay (measured at preschool and elementary levels).

- **Strategy 5.1 – Educate health professionals on appropriate early oral assessments, diagnosis, referrals and treatments for children.**
OOH has partnered with the Arizona Academy of Pediatrics and the Arizona Perinatal Trust to give presentations to pediatricians, family practice physicians and nurses on the importance of oral health to overall health.

We also continue to work with the Arizona Health Care Cost Containment System (AHCCCS) to clarify the necessity for dental referrals for young children and to evaluate the role of the physician in children's oral health.

- **Strategy 5.2 – Establish new dental care delivery systems (e.g. school-based, mobile, portable, etc.).**
- **Strategy 5.4 – Increase dental providers in dentally underserved areas of the state.**
- **Strategy 5.5 – Promote enrollment in and utilization of publicly funded dental insurance programs.**
The Arizona Dental Sealant Program makes available AHCCCS enrollment forms for uninsured children receiving sealants. In addition, the ACTION program refers qualified individuals and families to AHCCCS for enrollment and eligibility of benefits.

Progress toward Healthy Arizona 2010 Objectives

Objective 1: Increase the proportion of children and adults who receive dental care each year.

Progress:

- **Children K-3⁵--58.9%**
- **AHCCCS & SCHIP Children (1 through 20 yrs old)⁶ - 29.1% (2002) – 23.16%⁷(2003)**
- **SCHIP & AHCCCS all ages²–18.25% (2002) (207,844 / 1,138,856) - 13.92% (2003) (191,829/1,377,341)**
- **New Baseline: 9th Graders⁸ --58.3%**
- **Adults –68.2%⁹ (2002) - 70%¹⁰ (2004)**

Objective 2: Increase the proportion of residents with comprehensive dental insurance.

Progress:

- **Children 6-8 yrs old¹ –76%**
- **AHCCCS Children (enrolled)²– 568,107 (2002) - 725,982 (2003)³**
- **Adults--no data available for Arizona since 1999 baseline (BRFSS).**

Objective 3: Increase the proportion of residents served by community water systems with optimally fluoridated water.

Progress: 59.2%¹¹ (2003) - 55.4%¹² (2004)

Objective 4: Reduce the proportion of children who have ever had tooth decay (measured at preschool and elementary levels).

Progress:

- **Children ages 2-4--no data available for Arizona since 1999 baseline.**
- **Children ages 6-8¹ – 62%**
- **Children in second grade who do not have decay present¹³ - 27% (2003) - 24% (2004)**

Objective 5: Reduce the proportion of children who currently have untreated tooth decay (measured at preschool and elementary levels).

⁵ Arizona School Dental Survey 1999-2003. ADHS, OOH (public and private dental insurance).

⁶ AHCCCS dental utilization data RWJ Federal Fiscal Year 2002.

⁷ AHCCCS/SCHIP dental utilization data RWJ Federal Fiscal Year 2003 birth to 21 (SCHIP ends at 18).

⁸ 2002 Survey Data; ADHS, OOH.

⁹ BRFSS <http://apps.nccd.cdc.gov/brfss/display.asp?cat=OH&yr=2002&qkey=6610&state=AZ>

¹⁰ Brian Bender – ADHS – BRFSS 2004 Core

¹¹ 2002 State Synopsi.

¹² CDC State Synopsi <http://www2.cdc.gov/nccdphp/doh/synopses/WaterFluoridationV.asp?Year=2004> (Accessed November 15, 2004)

¹³ AZ Dental Sealant Program data – BSS – decay present

Progress:

- Children ages 2-4--no data available for Arizona since 1999 baseline.
- Children ages 6-8¹—41%

In 2000, the Arizona Department of Health Services along with various stakeholders and interested parties came together to identify objectives and strategies to address the challenges associated with access to care. Below are the five objectives and a summary of activities that support each of the objectives.

Summary of Activities

Objective #1 Increase the proportion of persons with health insurance.

Progress:

- *Proposition 204 was passed by Arizona voters in November 2000, and requires that tobacco settlement funds be used to increase the Arizona Health Care Cost Containment System (AHCCCS) eligibility income limits for full acute care medical coverage to 100% of the Federal Poverty Level (FPL). Proposition 204 is expanding health care coverage*
- *The state of Arizona embodies six federal Community Access Program (CAP) grants. The six recipients of this funding are: Maricopa Community Access Program (MCAP), Eastern Cochise Safety-Net Alliance (ECSA), Pima Community Access Program (PCAP), Yavapai County Community Access Program, Hedah Nizonii (Whiteriver Community Access Program), and Community Access Program of Arizona (CAPAZ). The goal of this federal funding is to expand access to the uninsured through increasing the effectiveness and capacity of the nation's health care safety net at the community level. Arizona CAP programs are accomplishing the federal goal by doing such things as: creating networks to share uncompensated care more fairly among local health providers; linking hospital and clinic services through state-of-the-art data systems that share information and create seamless transitions for uninsured patients; and eliminating fragmented service delivery, improving efficiencies among "safety net" providers, and encouraging greater private sector involvement.*
- *AHCCCS received funds and created a Statewide Health Care Insurance Plan Task Force and Technical Advisory Committee as a result of a federally funded State Planning Grant. Numerous activities took place. These activities were focused on: 1) trying to maintain those programs in Arizona that have proven to play an effective role in making health care coverage accessible and affordable and 2) to continue the development of a framework for the implementation of strategies addressing the issue of accessible and affordable health care in Arizona. Key to this effort was the recommendations set forth by the Statewide Health Insurance Plan Task Force to 1) Introduce legislation which would continue the efforts of the task force by continuing to develop strategies, and 2) Continue support for HealthCare Group (group that targets small-employer group marketplaces between 1 and 50 employees and political subdivisions regardless of size) through the adoption of proposed changes. Future activities include the continuation of the task force to analyze and develop specific policy options that address the recommendations set forth in the Task Force legislation including: the Feasibility of Employer-Sponsored Insurance Program; Rural Provider Interviews, and a Small-Group Package.*
- *The Health Electronic Application was tested in Arizona. "Health-e-Arizona" is a fully automated Web-based application for enrolling low-income children, adults, and families in*

public health insurance programs. Through a partnership between Arizona's Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security (DES), and the Community Health Centers Collaborative Ventures, Inc. (CHCCV), this new Web-based enrollment application was launched in Pima County, Arizona. Powering Arizona's online application is Health-e-App, software developed by the California HealthCare Foundation (CHCF), a nonprofit philanthropy, based in Oakland, California. Health-e-App is a paperless enrollment process using electronic signatures and providing real-time preliminary eligibility determinations. It offers bilingual English and Spanish versions, which outreach workers or applicants can toggle between at any point in the application process.

Objective #2 Increase the proportion of persons who have a specific source of ongoing care (Medical home).

- *The Arizona Department of Health Services (ADHS) Office of Health Systems Development (HSD) Community Development Program was created to strengthen and improve primary health care access resources for Arizona medically underserved communities through community development activities such as capacity building and strategic plan development. Out of this program a private-public partnership formed with the St. Luke's Health Initiative and the Arizona Health Facilities Authority (AZHFA). The partnership created a systematic approach to identify needy communities and implement community development activities. Funding from this partnership has provided communities with resources. Some of these resources have been used to write and implement a business plan for a tribal clinic, and to provide a strategic plan to leverage commitment from a larger clinic to bring in support for a smaller clinic's operation.*
- *St. Joseph's Hospital and Medical Center received grant funding and created a portable health record for children in foster care.*
- *Office of Children with Special Health Care Needs is developing a telemedicine project to link their medical homes with specialists to provide more comprehensive services to their population.*
- *The Arizona Association of Community Health Centers' Community Development Program was created to assist the development of new primary care access points, or clinics, to serve medically uninsured and underserved populations in Arizona. This program includes the recently initiated Statewide Strategic Planning (SSP) Project that has developed and refined a Five-year Statewide Planned Growth Plan for Arizona, to systematically guide the expansion of new sites and services of established Community Health Centers (CHC's).*
- *Two new Indian Health Service (IHS) hospitals opened (Ft. Defiance, Parker) and three new tribal/IHS clinics opened (Hualapai, Ft. Mojave, Yavapai-Apache Nation).*
- *Phoenix IHS Area Office completed a master plan for facility needs for patient care throughout their geographic area of responsibility.*
- *The Arizona Native American Program was created to improve the overall quality of life and health for both urban and reservation Indian communities throughout Arizona by increasing the primary care resources for Native Americans. This mission will be accomplished through a unique approach specifically developed for the Native American Program that includes Advocacy, Coalition building, Education, and Support (ACES). A Memorandum of Understanding was signed between these three agencies on April 21, 2000 for the purposes of formalizing cooperative efforts between Health Resources Services Administration, IHS, and the ADHS in improving the*

health status of Native Americans in Arizona through accessible coordinated and high quality primary care.

- *The State Legislature passed a resolution encouraging Congress to approve the Reauthorization of the Indian Health Care Improvement Act. Reauthorization of the Act would allow for more comprehensive health services for Native American people.*

Objective #3: Increase the proportion of persons with access to clinical preventive services.

- *The U.S. Department of Health and Human Services, Bureau of Primary Care partnered with the National Association of Community Health Centers and the Institute for Healthcare Improvement, in response to health disparities that exists among minority populations and poor people and in some instances women and developed the Health Disparities Collaboratives. The goal of the Health Disparities Collaboratives is to change primary care practices in order to improve health care provided to everyone and to eliminate health disparities. The Health Disparities Collaboratives acts as a catalyst in attaining improved health outcomes by transforming or changing the way health care is delivered. The Health Disparities Collaboratives focus on improving health outcomes in the following areas, cardiovascular disease, diabetes, cancer and asthma and are implemented across the United States within community health centers.*
- *Healthy Aging provided mini-grant funding for a Scottsdale Healthcare project. The program "Check Your Health Day" – is a program designed to assist with early detection of chronic disease and other illnesses associated with aging. This project was a quarterly event designed to bring a wide range of health screenings and information to older adults in a community setting. Screenings included: cholesterol, glucose, bone density, depression, hearing, vision, blood pressure, cancer and dental. Professional staff were be available to help individuals interpret their screening results and to provide qualified advice and referral services.*

Objective #4 Increase the cultural competency and cultural sensitivity of health care providers.

- *The Mel and Enid Zuckerman Arizona College of Public Health is developing a Center dedicated to the eradication of health disparities in Arizona Hispanic and American Indian Populations, known as the Arizona EXPORT Center. Project EXPORT's foci are diabetes and substance abuse. This Center coordinates the research and community interventions of faculty currently engaged in health disparities research, recruits additional faculty to participate in the Center, in particular, under-represented minority faculty, trains under-represented minority graduate students and junior faculty to conduct research and community interventions in health disparities, and collaborates with communities to translate interventions that effectively reduce specific health disparities into culturally appropriate programs for specific populations.*
- *Arizona Turning Point works collaboratively with communities and key partners to improve the public's health and promote sound public health policies. They provided training to local communities in several different areas including cultural competency and sensitivity.*
- *The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, annually makes grant funding available to public and private organizations for new access points of health care as a component of the President's Initiative for Health Center Growth. A grant application requirements grant*

applicants must demonstrate that culturally and linguistically appropriate services are integrated into the overall response and for the delivery of service.

- In October 2003, the Arizona Department of Health Services, Office of Health Systems Development applied and was successfully awarded a grant from the U.S. Department of Health, Office of the Assistant Secretary for Planning and Evaluation for a demonstration project titled, Arizona Continuing Care Clinic for Uninsured Persons with Diabetes. As part of the response and development of project goals includes the creation and implementation of culturally responsive systems of care within primary care settings.*
- The Arizona Department of Health Services, Division of Behavioral Health Services has developed a Statewide Cultural Competency Plan for integrating cultural competency standards. The plan focuses on five priorities for the foundation. These priorities include training, embedding cultural competence into the systems and programs, client and community engagement and participation, clinical tools and assessment tools and human resources policies and strategies.*
- In August 1999, the University of Arizona was awarded a three-year grant in the amount of \$1.2 Million from the U.S. Health Resources and Services Administration, Bureau of Health Professions to create an Arizona Hispanic Center of Excellence. The Arizona Hispanic Center of Excellence located within the organizational structure of the University of Arizona, purpose is to improve research on Hispanic health and to enhance the Medical College's ability to recruit and retain Hispanic students and faculty.*

Objective #5: Increase the proportion of persons with long term care needs who have access to the continuum of long term care services.

- AHCCCS contracts with tribes and Native American Community Health Center, Inc. for long term care case management services for eligible Native American people.*
- ADHS collaborated with AHCCCS and ADES to update the report "Arizona's Community Based Services and Settings" The 2002 Community Based Services and Settings Report documents the growth in and the demand for HCBS in Arizona. With the growth of the older adult population, the associated trend of increased demand for community based services and settings will continue. This trend requires responses from all sectors in the State. This document to available for public use to develop policy and programs for older adults.*
- The Division of Licensing Services has revised and developed additional tools and information for consumers and providers on the ADHS website. On the Licensing Services home page there is information related to training and licensing, Licensing Rules and Regulations and applications for license renewal or first initial licensing. There is consumer information available on assisted living and long term skilled care facilities, fraud, a guide to choosing an assisted living facility, complaint forms, ADHS enforcement actions on facilities.*



HEALTHY AGING 2010

In 2001 the Arizona Department of Health Services initiated a project called *Healthy Aging 2010* to promote health and good quality of life for older adults in Arizona. The Healthy Aging 2010 project works in partnership with Healthy Arizona 2010 efforts and shares the vision of using collaborative planning and participation with all local, county, tribal and state agencies that seek to promote the health and quality of life for all Arizonans.

A Healthy Aging 2010 framework was developed for use in presentations, planning and dialogue with community organizations and agencies to create a supportive environment to sustain good health in older adults. The vision for older adults in Arizona is: "*Good health, quality of life*"

Four overarching goals were identified to focus Healthy Aging activities:

- Promote the use by communities and partners of best practices for encouraging healthy, active lifestyles and social engagement for older adults.
- Promote best practices for enabling or encouraging older adults with chronic conditions to achieve optimal wellness.
- Encourage and connect efforts aimed at enabling older adults to remain in their homes or in the least restrictive environment possible.
- Promote and connect efforts aimed at helping older adults to obtain early, routine health care services so that more intensive and restrictive care can be avoided.

As in the Healthy Arizona 2010 plan, focus areas were identified and include:

- physical activity
- nutrition
- behavioral health
- injury prevention
- violence prevention
- immunizations
- oral health
- access to appropriate care.

Activities during 2001-2003 have focused on providing:

- Data Profiles: Consumer friendly epidemiological information on diabetes, heart disease, cancer, falls and injury prevention and county health status profiles among older adults (“Fast Facts” and “County Health Status Profiles of Older Adults”).
- Technical assistance:
 - Healthy Avondale 2010 partnership (launched October 2003) - a citywide effort that addresses the needs of all residents in the areas of: Physical Activity, Healthy Eating, Healthy Choices, and Preventive Screening (a “Steps to a Healthier U.S.” Presidential Initiative),
 - Coalitions in Yavapai County and South Phoenix to address the non-medical care needs of older adults,(e.g. physical activity).
- Relationship building across ADHS programs and community agencies. Examples include:
 - Collaboration with Division of Public Health Prevention Services epidemiologists to create County Health Status of Older Adults reports and Fast Facts on Heart Disease, Cancer, Diabetes and Injuries from Falls in Older Adults living in Arizona.
 - Website development with ADHS webmasters
 - Behavioral Health & Aging Coalition planning with staff from Division of Behavioral Health
 - Tri-Agency Council: Home & Community-based Services Report & Website development
 - Advisory Councils:
 - ADHS liaison to Governor’s Council on Aging
 - ASU West Gerontology Program
 - Arizona Central College Health & Wellness Program
 - Health Ministry Network
- Community development through mini-grant projects: For years 2002 and 2003, funds were available from the CDC Health Promotion & Preventive Health Services Block Grant for mini-grants focusing on increasing physical activity, good nutrition and chronic disease management in older adults.

2001-2002

- Coconino County: Health Department: County Assessment of Seniors
Flagstaff Parks and Rec, Fitness and Nutrition
- Cochise County: Hearts N Parks, walking program
ACCESS Cochise County Health/Services Info
- Gila County: Health Dept. county assessment of older adult needs
- Hopi Tribe: Hopi Village Elder Gardens exercise and nutrition
- Maricopa County: Bone Builders – Building Strong Bones for a Lifetime
Urban Native American Elder assessment
Refugee Women nutrition education
Nuestros Ancianos: depression and substance abuse

MAG: Walk & Bike for Health for National Trails Day
Escalante Health Partnerships Fitness Corps.
El Mirage community assessment r/t older adults

- Navajo Tribe: Diabetes Management Skills for Navajo Elders
- Pima County: Bone Builders Physical Activity Program
Osteoporosis and Fall Prevention Program

2002-2003

- Coconino County: Flagstaff Weight Training and Aqua Aerobics 65+
- Mohave County: Dining with Diabetes, exercise and health education
- Hualapai Tribe: Hualapai Older Adults Aging Healthier
- Maricopa County: Bone Builders – Building Strong Bones for a Lifetime
Nurse Ministries Network, capacity building
Scottsdale Healthcare, Check Your Health Day
ASU East - Get WELL Arizona walking program
Region 1 AAA, Get Strong-Feel Great! Exercise video
- Pima County: Bone Builders Physical Activity Program
- Pinal County: Pinal/Gila Healthy Aging Volunteer Peer Education P
- Yavapai County: Health Department in W.E.L.L. AZ walking program
- Yuma County: Diabetes y la Union Familiar Diabetes self-management

Healthy Aging 2010 2004 Update

The 2004 grant cycle focused on the areas of fall prevention and physical activity. Healthy Aging has partnered with DES, Aging and Adult Administration for an immunization pilot project “Up to Date for Healthy Aging” for immunization outreach to homebound frail elders in Pinal and Gila counties. Healthy Aging will take the lead for the Department’s response to the Governor’s Executive Order Aging 2020. The Governor issued an Executive Order in March 2004 to 15 state agencies to begin planning and preparation for an aging population. A report of the planning and recommendations from the states agencies was submitted to the Governor in September, 2004. The work of Healthy Aging continues with efforts to integrate health promotion, disease and disability prevention targeting older adults into existing programs, advocacy for sustaining good health among older adults through program efforts and services, facilitating continued program successes using existing grant moneys and participating in national efforts to promote good health for older adults and “baby boomers”.

Healthy Aging 2010: 2004 Mini-grant Awards

Apache County: Apache County Assets and Need Assessment Pertaining to Falls and Injuries Among Elderly Adults

To determine the most effective, efficient and sustainable means of preventing falls, the Apache County Health Department (ACHD) will develop an assessment on community assets and needs related to falls among older adults. Collaborators, along with the Apache County Health Department, will create and conduct two surveys. One will be

geared toward emergency rooms and the number of elderly injuries related to falls. ACHD and their collaborators will do individual surveys at the senior centers and among home health clients to determine the incidence of falls among these same target groups.

Apache County Health Department - St. Johns

Cochise County: Easy Steps to Fall Prevention

City of Sierra Vista Parks and Leisure Services will implement an exercise and evaluation program for adults 50+ to improve their balance, reach and mobility to aid in the prevention of falls in that age group. A physical exercise specialist and a therapist will work with two groups, two times a week, for 12 weeks. Improvements in physical activity and attitudes about physical activity will be measured using standardized tests and instructor observation. This project will be implemented in an assisted living facility and at a public recreation center that is frequented by older adults for physical and social interaction.

City of Sierra Vista Parks & Leisure Services

Connecting the Dots - Building a Collaborative Infrastructure to Prevent Falls in Older Adults

A collaborative will assess community assets and needs of older adults to prevent falls and injuries in Douglas and the surrounding areas. The assessments will be conducted through focus groups, community meetings and interviews with key stakeholders.

Southeastern Arizona Behavioral Health Services (SEABHS)- Benson

Coconino County: Balance in Life

Older adults who attend the Flagstaff Adult Center will attend a fitness program, geared to develop better balance, with 2 classes per week. Off-site participants, using pedometers to increase mobility, will be contacted weekly by phone for informational and motivational updates. Monthly workshops open to both participants and non participants, written materials generated and used will become ongoing resources for seniors and staff.

City of Flagstaff, Adult Center

Maricopa County: Standing Tall with Alzheimer's/ Related Disorders (S.T.A.R.)

S.T.A.R. is a fall and injury prevention program targeting older adults with Alzheimer's disease and related disorder (ADRD). Building on existing collaboration with the Foundation for Senior Living, the project will implement in-service trainings for staff at the Foundation's adult day health care centers to identify and intervene with participants at risk for falls and injury. Family education and intervention for fall/injury prevention will be offered through the Association's Family Care Consultation (FCC) program. The FCC program will offer home visits to assess living environments and provide recommendations to improve home safety. Following the assessment, the Association's

professional staff will coordinate needed community and health referrals as well as follow-up contacts with families.

Alzheimer's Association Desert Southwest Chapter - Phoenix

Building Coalitions to Address Falls Among Arizona American Indian Elders

The Institute for Health Professions Education, along with other members of the Phoenix Area Indian Health Service Elders' Committee and the Arizona Geriatric Education Center, proposes to engage in a collaborative project that will address the problems of falls among Arizona American Indian Elders by updating statistics on Arizona Indian Elders' falls, exploring key community informants' perceptions of causative factors for falls, and taking the first steps in collecting information from organizations that could collaborate on fall prevention efforts for the eventual development of a resource guide for community personnel.

Institute for Health Professions Education –Phoenix

Preserving Independence in the Elderly (PIE Project)

The PIE Project is an evidence-based muscle-strength training exercise program for people over age 60 that targets muscles used in activities of daily living. The goal is to progressively increase physical activity in ways demonstrated to decrease the incidence of falls.

Tempe Community Action Agency, Inc. –Tempe

Scottsdale Community Fall Risk Assessment

Screening tools will be developed to conduct comprehensive fall risk screening at Scottsdale Senior Centers and link individuals at risk and community groups with established intervention programs.

Scottsdale Healthcare –Scottsdale

Bone Builders Physical Activity Program

This project will provide a two-day training for at least 20 individuals representing rural areas and counties in Arizona. The training will include the 8-week physical activity curriculum, Senior Fitness Test Software and instruction, Assessment Kits, Exercise Equipment, and participant incentives. The program includes weekly sessions with participants being asked to complete a series of questionnaires to assess readiness to exercise and current level of activity.

University of Arizona Cooperative Extension –Statewide

Pima County: Fall Prevention Project

This project will expand the provision of in-home fall risk assessments and individualized multifactorial interventions to reduce the incidence of falls among rural elderly age 60+. Public health nurses and fire officials will conduct environmental, fall risk and nutritional assessments, provide education and referral as needed and develop participant self-management plans that recommend home safety improvements, exercise

options and recommend improvements in nutrition. Clients will also receive a packet of free educational material and home safety aids as needed. Public health nurses will also conduct four educational workshops/seminars for older adults in rural areas.

Pima County Health Department- Tucson

Santa Cruz County: Patagonia Seniors Fall Prevention Project

The Patagonia Senior Fall Prevention Project will offer an education/prevention program to all seniors in the target area. Seniors will be identified by a number of outreach strategies. Seniors will receive an education curriculum which has proven to be effective. This curriculum, "Bone Builders", will train seniors in the area to deliver this education at both the Senior Center and in the home. A prevention program of nutrition and exercise will be implemented by two local physical fitness trainers who have extensive experience working with our local population. In addition, the local fire department will inform seniors of ways to prevent falls in their homes.

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